



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 14-5191
DATE PAID: 4/2/14
FEE PAID: 425.00
RECEIPT #: 1141912

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: MCCARTY, DAVID & KATHLEEN

AGENT: _____

TELEPHONE: _____

MAILING ADDRESS: 225 SW MARY ANN GLEN, FT WHITE FL 32038

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: 12 BLOCK: _____ SUBDIVISION: SOUTHLAND TRAILS UNREC PLATTED: NA

PROPERTY ID #: 02-65-15-00504-112 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.09 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 225 SW MARY ANN GLEN, FT WHITE

DIRECTIONS TO PROPERTY: SR 247 SOUTH 12.6 MI TO CR 137
LEFT 4.1 MI TO 256th STREET, LEFT 1.3 MI TO SW
KINSEY SPRINGS TERR, LEFT TO SW MARY ANN GLEN.

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>RESIDENCE</u>	<u>2</u>	<u>1296 sq ft</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 4/2/14

STATE OF FLORIDA
DEPARTMENT OF HEALTH

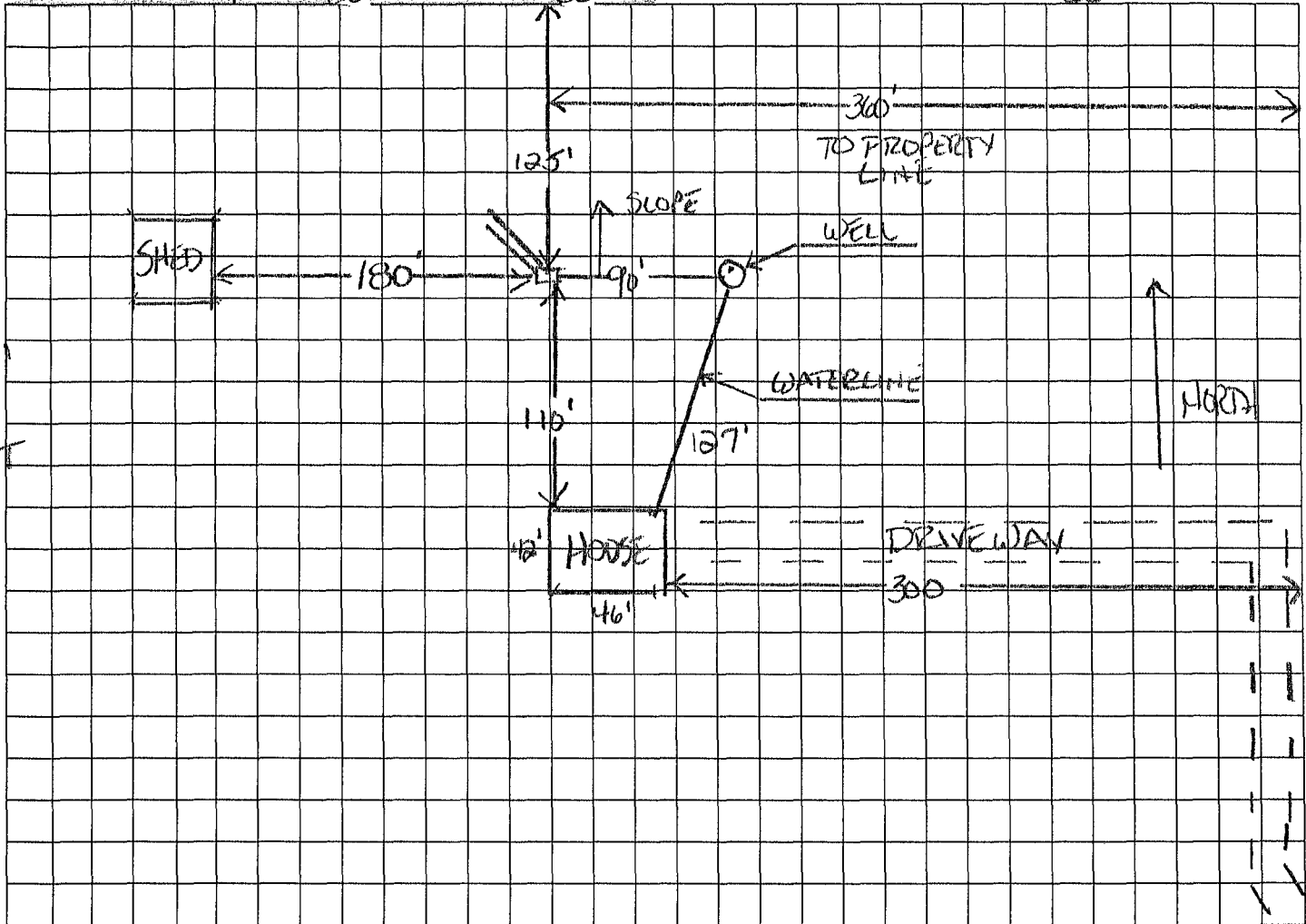
225 SW MARY ANN GLEN
SOUTHLAND TRAILS, FT WHITE
UNREC., LOT 12

Permit Application Number 14-0191

10.09 ACRES ----- PART II - SITEPLAN -----

Scale: Each block represents 20 feet and 1 inch = 80 feet.

VACANT 660'



Notes. _____

Site Plan submitted by: Nathaniel Carter

Plan Approved: _____ Not Approved: _____ Date: 4/9/14

By: [Signature] Coleman 4/9/14 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT