





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

PERMIT NO	21-8	D89	0
DATE PAID:	10	) ale	la
FEE PAID:	43	5.0	01
RECEIPT #:	175	951	Ō

[X ] New System [ ] E: [ ] Repair [ ] A	xisting System	[ ] Holding Tank [ ] Innovative [ ] Temporary [ ]
APPLICANT: Rob & Tiffany McCall		
AGENT: Jim McCall		TELEPHONE: 352-262-8252
MAILING ADDRESS: 341 SW Cours	age Ct. Fort White, F	1. 32038
BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY TO	T TO 489.105(3)( O PROVIDE DOCUME	AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED m) OR 489.552, FLORIDA STATUTES. IT IS THE NTATION OF THE DATE THE LOT WAS CREATED OR ON OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION		
LOT: 60 BLOCK:	SUBDIVISION: Sh	iloh Ridge PLATTED:
PROPERTY ID #: 16-7S-16-04226	-160	ZONING: I/M OR EQUIVALENT: [ Y /N]
PROPERTY SIZE: 10 ACRES	WATER SUPPLY: [	X ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [ Y	/N) DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 341 SW Cou	urage Ct. Fort White,	Fl. 32038
DIRECTIONS TO PROPERTY: From	US 27 south onto S	W Fry Ave. then west onto SW Cumberland St.
then south onto SW Courage Ct. th	en east onto proper	y.
BUILDING INFORMATION	[ ] RESIDENTI	AL [ ] COMMERCIAL
Unit Type of	No. of Buil	ding Commercial/Institutional System Design
No Establishment		a Sqft Table 1, Chapter 64E-6, FAC
Signal Family Residence	4 2689	Diving
2		
3		
4		
	[ ] Other (	Specify)
SIGNATURE: Jim Mc Coll		DATE: 10/20/21
DH 4015, 08/09 (Obsoletes pro	evious editions	which may not be used)

DH 4015, 08/09 (Obsoletes previous editions which may not be used Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0890

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