



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

PERMIT NO. PL-8274EDATE PAID: 5/13/14FEE PAID: 60.00RECEIPT #: 1146068

APPLICATION FOR:

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

APPLICANT: Betty GayAGENT: Sandra Martin TELEPHONE: 288-6097MAILING ADDRESS: 2889 SW Fry Ave Fort White FL 32038

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.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 22-75-16-04282-000 ZONING: Ag-1 I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 15 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 2889 SW Fry Ave Fort White FL 32038DIRECTIONS TO PROPERTY: 47 South, @ CR-138, @ Fry Ave on SE Corner of Fry and Gay 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>Storage Shed</u>	<u>0</u>	<u>360 sqft</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____* SIGNATURE: Sandra Martin DATE: 5/15/14

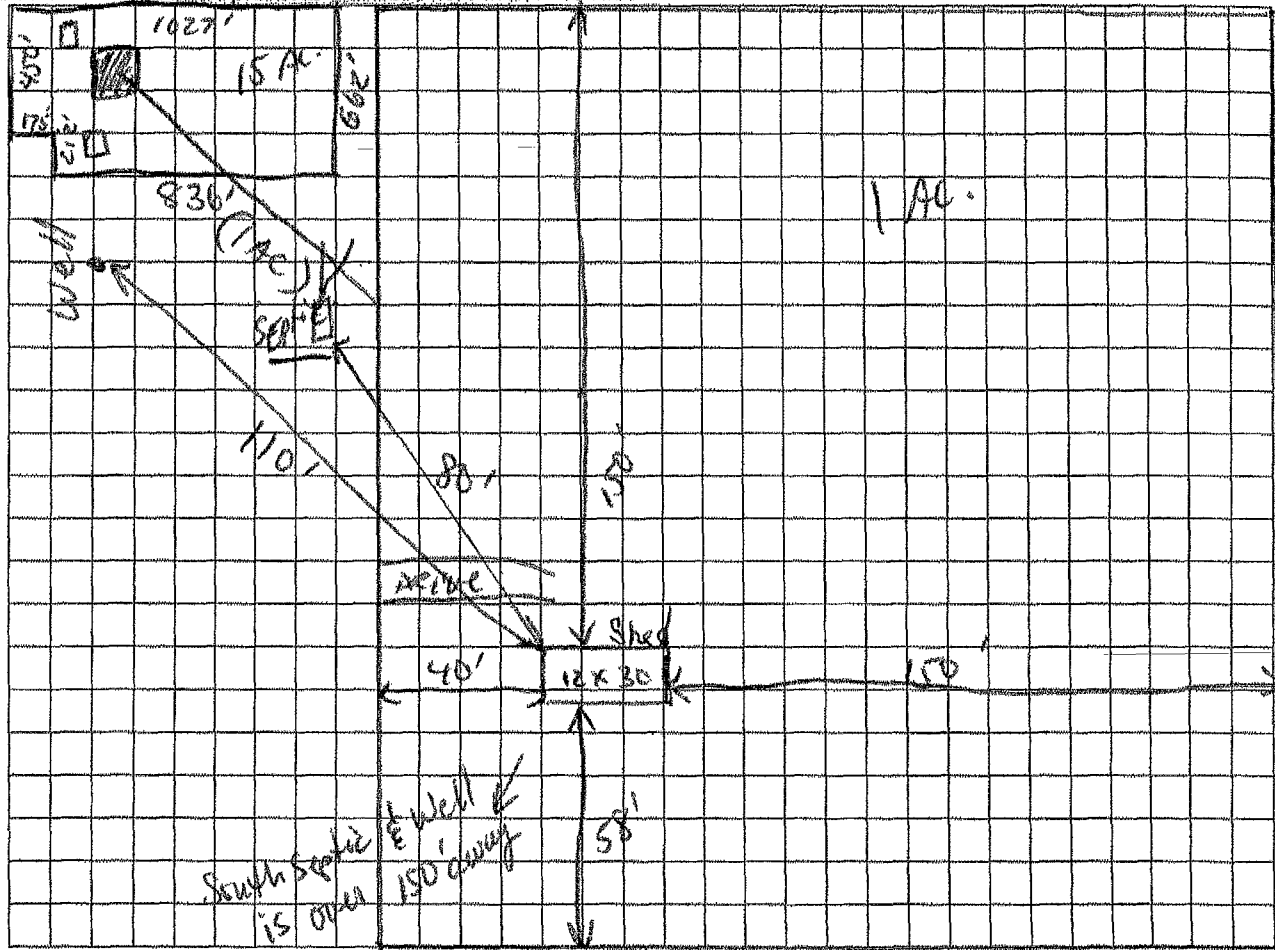
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Permit Application Number

14-22748

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

210'

15 total Acres - 1 Acre for Barn
has no wells or septic's on it.

Site Plan submitted by:

Sandra Martin

5/13/14

Plan Approved

Not Approved

Date

5/14/14

By:

Columbiana

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SE