



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

PERMIT NO. 21-0014
DATE PAID: 1/7/21
FEE PAID: 600.00
RECEIPT #: 1611519

APPLICATION FOR:

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

APPLICANT: Bolivar Properties LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. 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: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 30-6S-16-03999-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 16 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 531 Roberts Ave, Fort White, FL

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St, Follow FL-47S
& TR SW Elm Church Rd, TL onto Junction Rd, TR onto
US-27N, TL onto Kentucky Pkwy, TL onto Roberts Ave.

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
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1	<u>Pole Barn</u>	<u>0</u>	<u>16x24</u>	<u>(5x5 Bathroom)</u>
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2				
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3				
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ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 1/4/2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

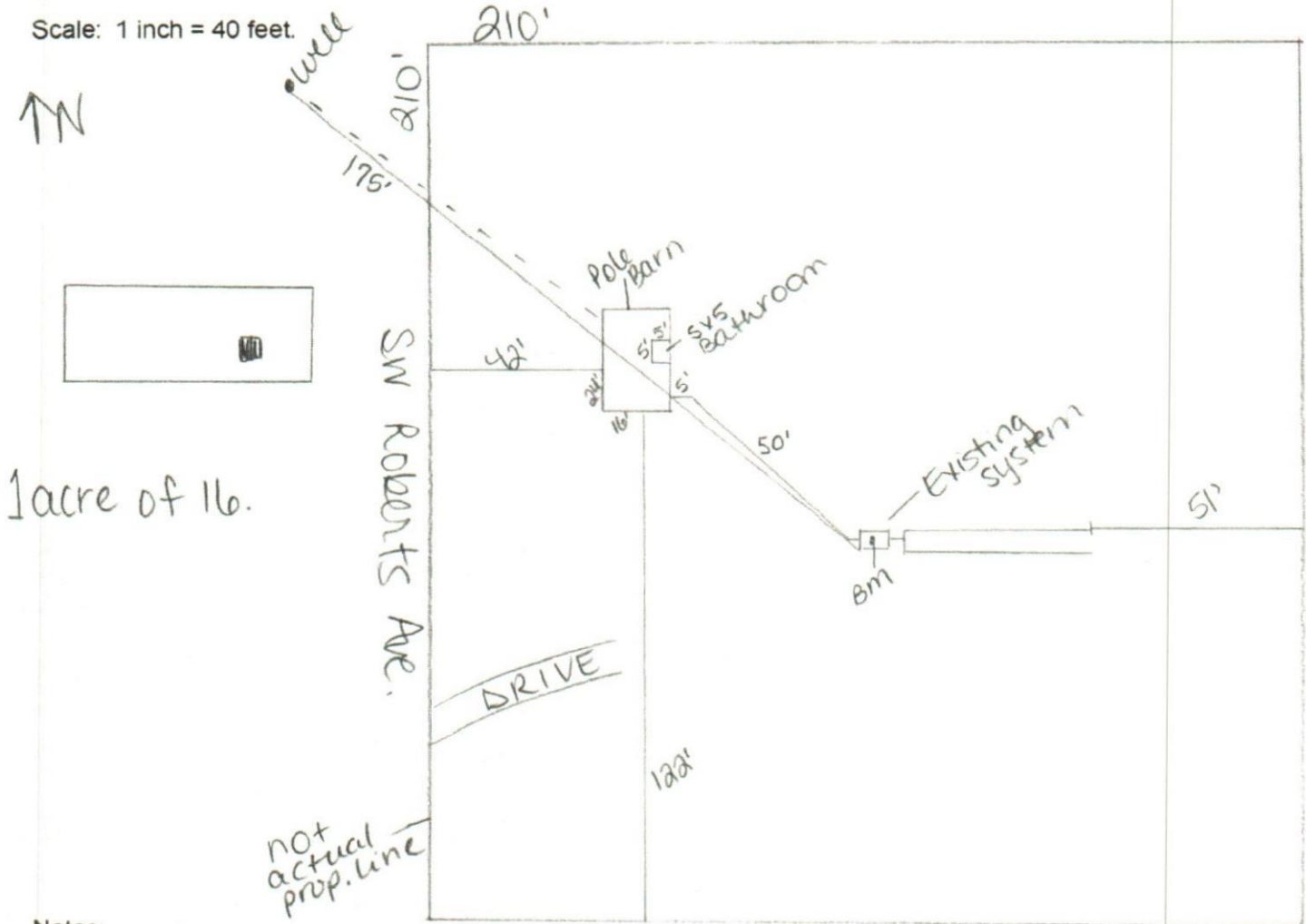
Permit Application Number

21-0014

Bolivar Properties

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 acre of 16.

Site Plan submitted by:

William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒

Not Approved ☐

Date 1-4-21

By

[Signature]

E32

Columbia County Health Department
11/5/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT