

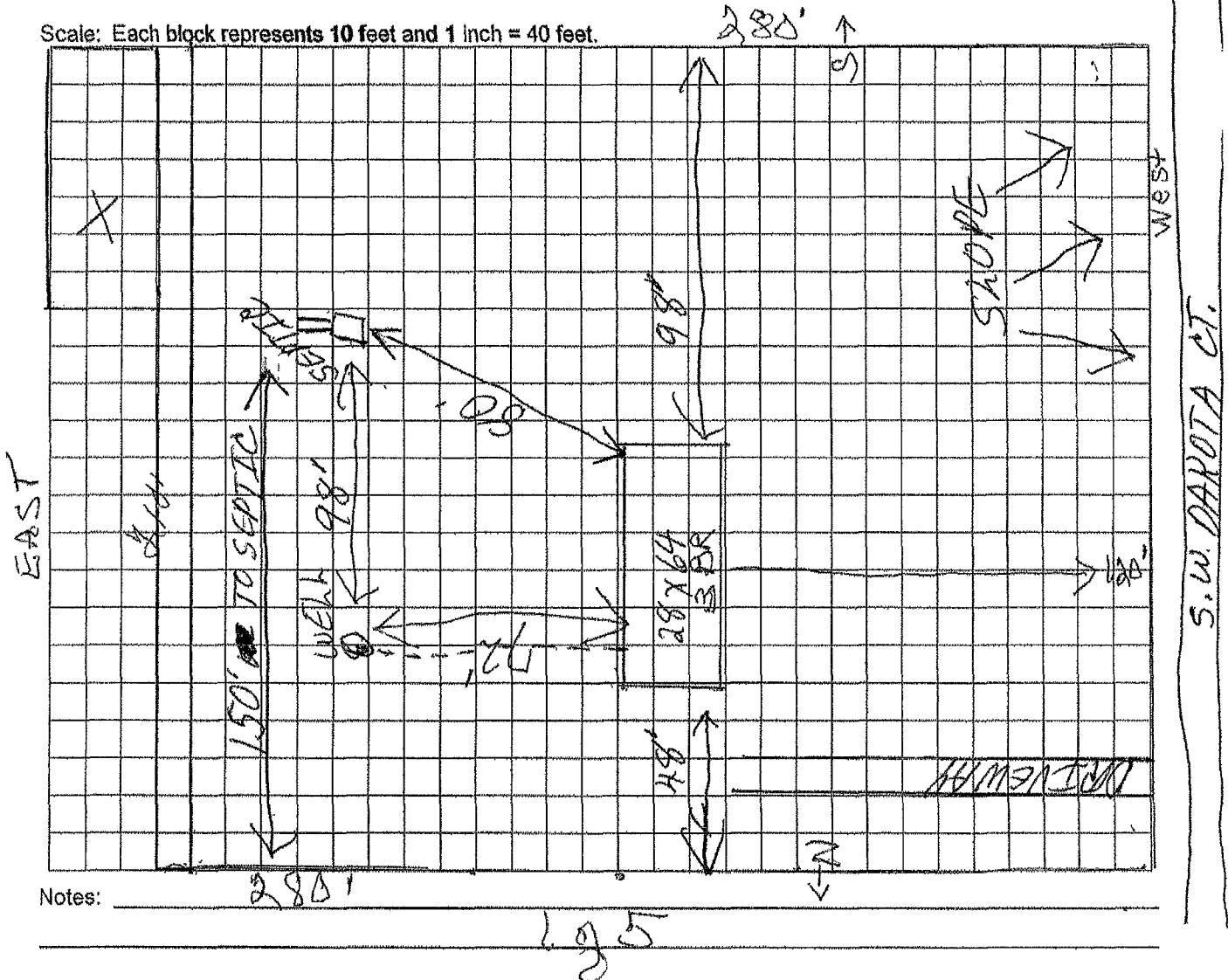
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0158E

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

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



HB 269

Site Plan submitted by: WILLARD MARTIN Owner
 Plan Approved: REVIEWED VIEWED Not Approved --- Date: 3/2/14
 By: [Signature] Columbia 3/11/14 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 14-0151E
DATE PAID: 3/6/14
FEE PAID: 600.00
RECEIPT #: 1138001

APPLICATION FOR:

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

APPLICANT: WILLARD MARTIN

AGENT: _____

TELEPHONE: 352-225-5890MAILING ADDRESS: 2357 S.W. NEWARK DR. FT. WHITE, FL. 32308

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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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 31-65-16-04-010-008 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 217 S.W. DAKOTA CT. FT. WHITE, FL. 32038

DIRECTIONS TO PROPERTY: FROM FT. WHITE TAKE WILSON SPRINGS RD. TO NEWARK DR.
TURN RT. ON NEWARK 1 1/2 MI. TO S.W. DAKOTA, TURN RT. THEN LEFT.
ON TO DAKOTA CT. PROPERTY ON RT. 150 YDS.

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>RESIDENTIAL MH</u>	<u>3</u>	<u>1792</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: W.L. MartinDATE: 3/7/14