

Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT SYSTEM

T AND DISPOSAL

PERMIT NO. DATE PAID:

310.58

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## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  [ New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Jerry Wood and Hannah Wood
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: 35 BLOCK: NA SUB: Foxwood PA PLATTED:
PROPERTY ID #: 27-68-16-03951-135 ZONING: I/M OR EQUIVALENT: [ Y N
PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [ PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /N ] DISTANCE TO SEWER: M FT
PROPERTY ADDRESS: Vixen Lane, Fort White, Fl
DIRECTIONS TO PROPERTY: The Month NW Main Blud, TR onto
FL-47S, Th onto SW Vixenlane, property on
the right after the open soccer/football recti
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 RV 8×32
(157.)
3
[ ] Floor/Equipment/Drains [ V. Other (Specify)
SIGNATURE: DATE: 9/30/2021
DH 4015, 08/09 (Obsoletes previous editions which may not be used)

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SE	EWAGE DISPOS	SAL SYSTEM C	ONSTRUCTION	PERMIT	_
7.0 ( 2.3)		Permit Appl	ication Number	31-0806	5
Wood	PART II - SIT	EDIAN			
	SW	Viken	Lane	210'	т
Scale: 1 inch = 40 feet.					10
1 N				2,0	SID
-	T I			were	10
lacre of 5.01	DRIVE	1035 RV 8432	10,	os on	
				35	and the state of t
Notes: 1 acre of	5.01				
Site Plan submitted by:	1. Bishop II	2	MASTE	ER CONTRACTOR	
Plan ApprovedX	Not Approve			ate 4-30-0	4
ALL CHANGES MUST BE A	PPROVED BY	THE COUNTY I	10	inty Health Departm 10/7/2/ TMENT	ent
DH 4015, 08/09 (Obsoletes previous editions which may not b (Stock Number: 5744-002-4015-6)				Page 2 o	if 4