



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

PERMIT NO. 21.01023
DATE PAID: 12-17-21
FEE PAID: 60.00
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: MICHAEL SCHULTZ

AGENT: _____ TELEPHONE: 702-416-6560

MAILING ADDRESS: 695 SW COLGATE LOOP 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: 24 BLOCK: _____ SUBDIVISION: GOLDEN FARMETTES PLATTED: _____

PROPERTY ID #: 12-75-16-04190-024 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 2.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐] <=2000GPD ☐] >2000GPD

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

PROPERTY ADDRESS: 695 SW COLGATE LOOP

DIRECTIONS TO PROPERTY: _____

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	<u>STEEL BUILDING</u>	<u>0</u>	<u>1800</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

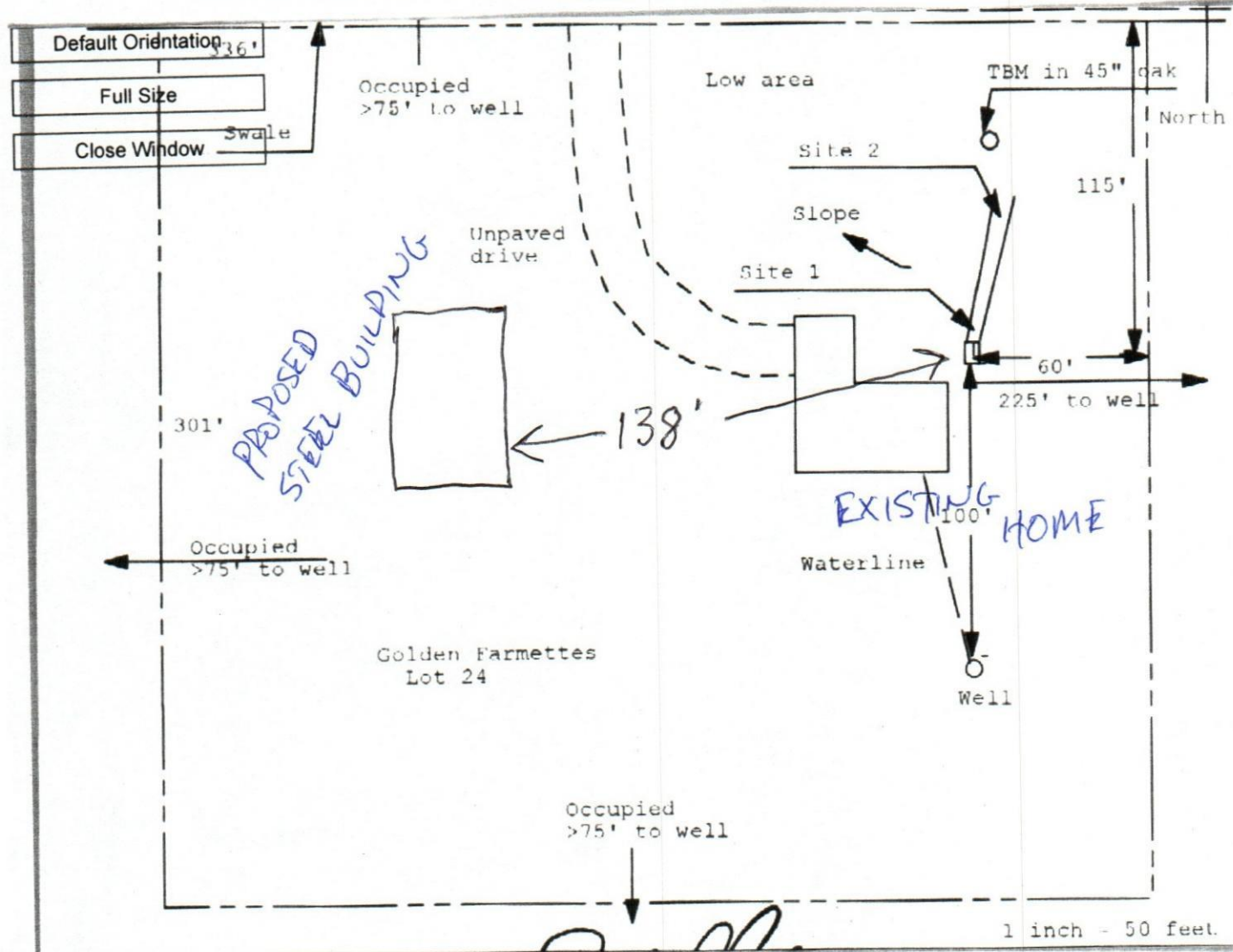
SIGNATURE: [Signature] DATE: 12-8-21

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Permit Application Number

21-01023

PART II - SITEPLAN



Site Plan submitted by: Paul St Agent: Owner: X Date: 12-14-21
Plan Approved Sally Ind Env Health Director Not Approved _____ Date 12-14-25
By Sally Ind Env Health Director COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT