



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

PERMIT NO. 22-0128
DATE PAID: 2/15/22
FEE PAID: 215122
RECEIPT #: 1803826

APPLICATION FOR:

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

APPLICANT: Laura Cleveland

AGENT:

TELEPHONE: 386-288-3958

MAILING ADDRESS: 3906 SW Old wire Rd 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: 9 BLOCK: _____ SUBDIVISION: Dudley PLATTED: _____

PROPERTY ID #: 14-65-16-03818-209 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 9.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 7051 SW Old wire Rd Fort white FL 32038

DIRECTIONS TO PROPERTY: 475 L. on walter Rd Straight on Old wire Rd.

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>mobile Home</u>	<u>3</u>	<u>1958</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Laura Cleveland

DATE: 2/15/22

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Permit Application Number

22-0128

Rotate 180°

KENNER/CR 02-9131

Default Orientation

Full Size

Delete Image

Close Window

Vacant
across road

Vacant

North

Unpaved drive

Well

Waterline

Well (as installed)

Site 2

Site 1

85'

15'

32'

70'

Slope

TBM in 10' cherry

Vacant

Dudley Estates Unrec, Lot 9

445' to road

130'

Occupied

>75' to well

1 inch = 50 feet

Site Plan submitted by: Lavera Cleveland Agent: Owner:

Date: 2/18/22

Plan Approved ✓ Not Approved _____

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT