

880 025107392



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

PERMIT NO. 21-0068
DATE PAID: 1/25/21
FEE PAID: 425.00
RECEIPT #: 1415244

APPLICATION FOR:

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

APPLICANT: Wilbur WoodAGENT: ownerTELEPHONE: 386 965 1833MAILING ADDRESS: 2740 SW HOWELL ST LAKE CITY FL 32024

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: 33 BLOCK: 4 SUBDIVISION: Three Rivers Estates PLATTED: 00 00 00PROPERTY ID #: 26-25-25-00611-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☒ NPROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 431 SW Dallas Ten Fort White FL 32038

DIRECTIONS TO PROPERTY: From Ft White take Wilson Spgs Rd to
stop right on newark Ave to bridge Ln (1st rd on L)
Left to Dallas (2nd rd) right to 2nd lot on right

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>1056</u>	
2				
3				<u>Zone</u>
4				<u>X Shaded</u>

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Wilbur WoodDATE: 2-9-21

Permit Application Number 21-0048

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



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT