



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

PERMIT NO. 21-0288
 DATE PAID: 3/23/21
 FEE PAID: 370.00
 RECEIPT #: 1640090

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: James Williams (Woodward Family Homes)
 AGENT: Robert Ford (N.F.S.T., INC) TELEPHONE: 810-755-6372
 MAILING ADDRESS: 741 SE State Rd 100 Lake City, FL

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: - BLOCK: - SUBDIVISION: -NA- PLATTED: _____
 PROPERTY ID #: 28-35-17-05021-004 ZONING: _____ I/M OR EQUIVALENT: [Y / N]
 PROPERTY SIZE: 1 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD
 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 339 NE Williams St
 DIRECTIONS TO PROPERTY: TL on 1st cross street NE Taylor Ave
TL on 2nd cross st NE Washington St, TL
on NE Granger Mill Ave TR Williams St

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	m/home	4	1450	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) 3/23/21

SIGNATURE: Robert Ford (N) DATE: 3-9-2021

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Attachment

Date: _____

Site Plan submitted by: Robert W. Ford III Date 3-9-2021

Plan Approved

Not Approved

Date 3/25/21

Cokubica
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

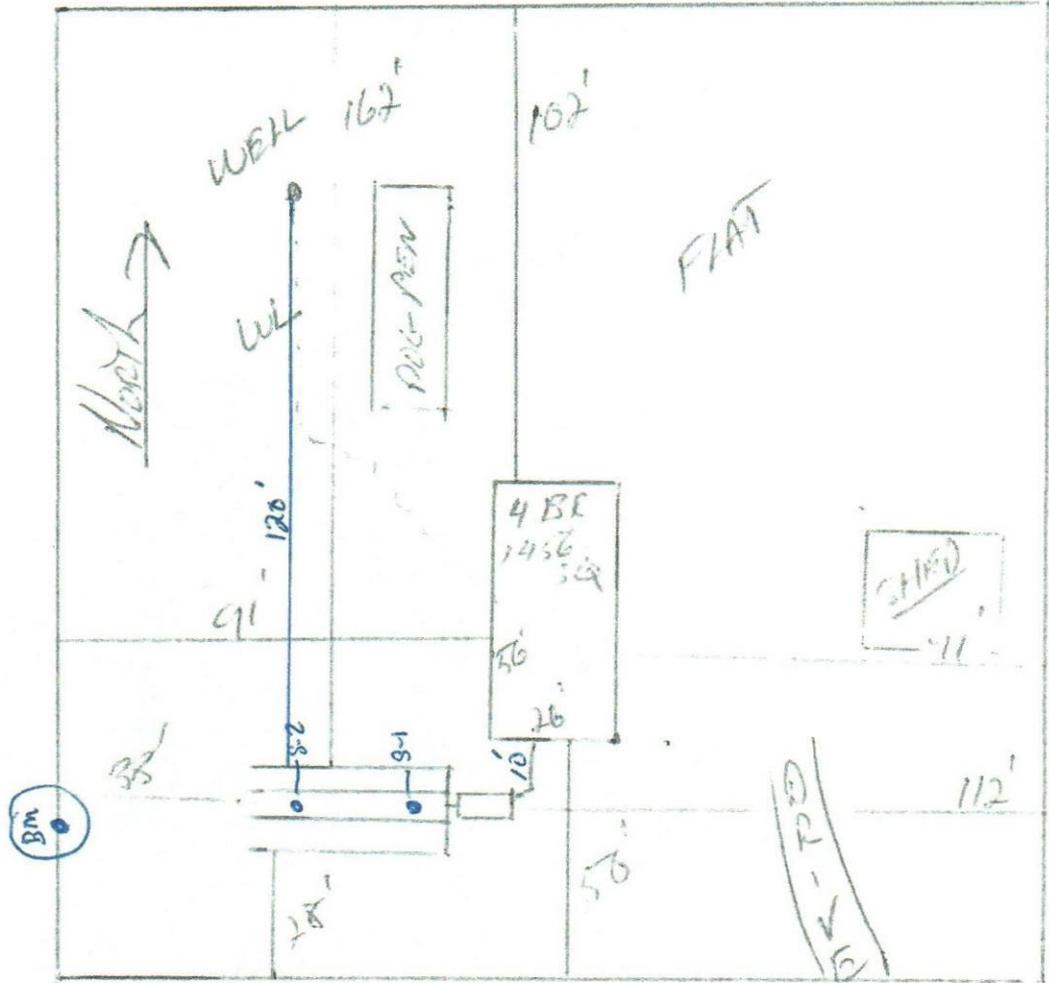
Permit Application Number 21-0288

Woodward

208 72

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

Scale: 1 inch = 40 feet.



Notes: *Robert J. Jelle*
3-9-2021

Williams St

Site Plan submitted by: *[Signature]*

CONTRACTOR

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

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APPROVED