



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

PERMIT NO. 21-0455  
DATE PAID: 5/12/21  
FEE PAID: 60.00  
RECEIPT #: 124-5168

APPLICATION FOR:

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

APPLICANT: Robert Reiman

AGENT:

954-661-6279  
TELEPHONE: 386-497-2688

MAILING ADDRESS: 6724 S.W. Old Wire Rd. 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: 9 BLOCK:        SUBDIVISION: Cardinal Farms PLATTED:       

PROPERTY ID #: 11-65-16-03815-109 ZONING:        I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.89 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 6724 SW. Old Wire Rd. Ft. White, FL 32038

DIRECTIONS TO PROPERTY:       

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>Metal Shed</u>     | <u>0</u>        | <u>720</u>         | <u>ORIGINAL ATTACHED</u>   |
| 2       | <u>      </u>         | <u>      </u>   | <u>      </u>      | <u>      </u>  |
| 3       | <u>      </u>         | <u>      </u>   | <u>      </u>      | <u>      </u>  |
| 4       | <u>      </u>         | <u>      </u>   | <u>      </u>      | <u>      </u>  |

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Robert Reiman

DATE: 05-12-2021



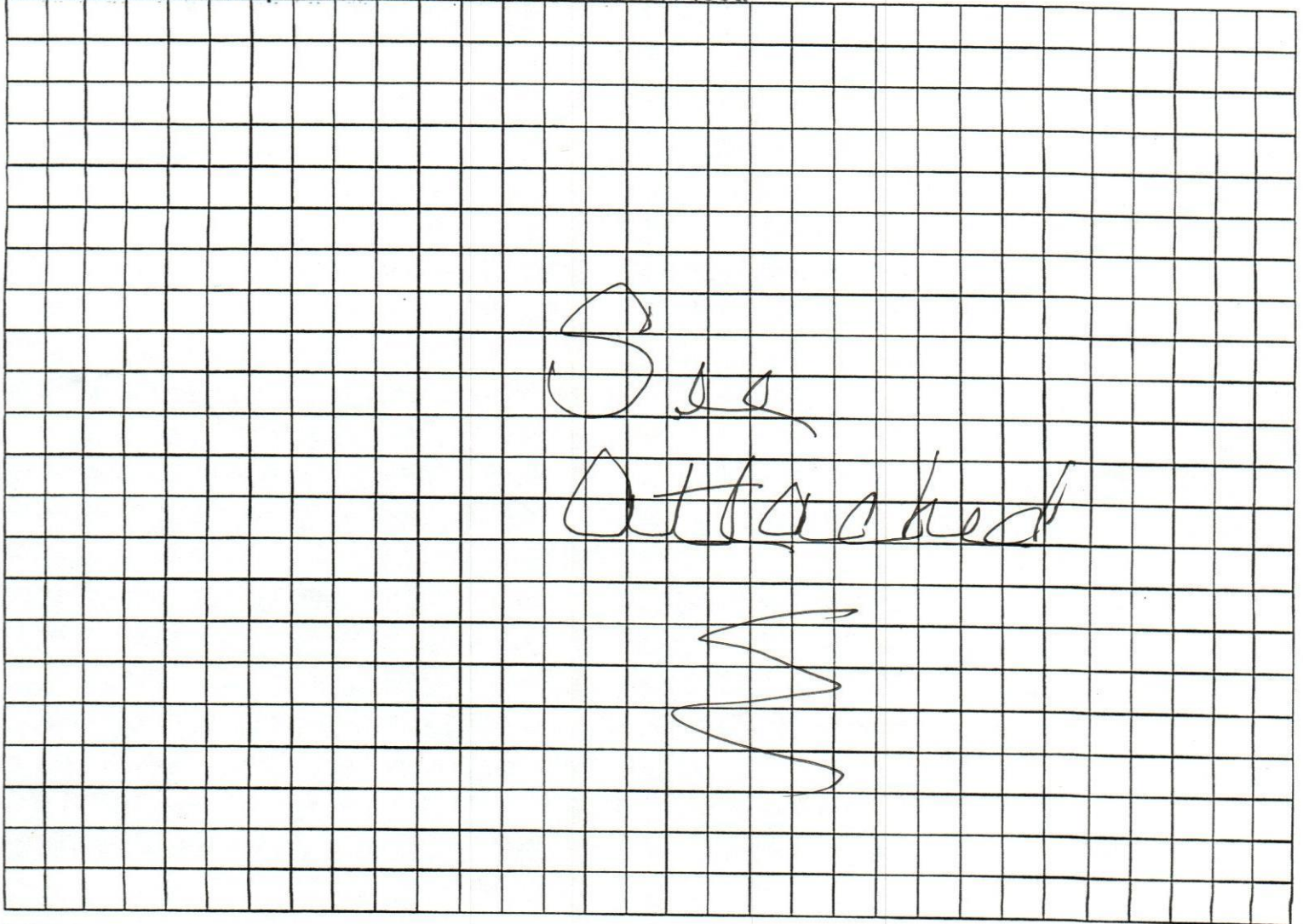
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----- PART II - SITEPLAN -----

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



Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Plan submitted by: [Signature] TITLE \_\_\_\_\_ DATE: 05/23/21

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date: 5/18/21

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0455

