



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

21-0120
PERMIT NO. 48310
DATE PAID: 2/5/21
FEE PAID: 600.00
RECEIPT #: 1628544

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Michele Poyner

AGENT: Owner

TELEPHONE: 904.866.0496

MAILING ADDRESS: 2134 SW County RD 18 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: 6 BLOCK: SUBDIVISION: The Meadows of Tuskegee PLATTED:

PROPERTY ID #: 29-65-17-09807-106 ZONING: SFR I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 2134 SW County RD 18 FORT 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
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1	Storage Building	1	1200	ORIGINAL ATTACHED
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: [Signature] DATE:

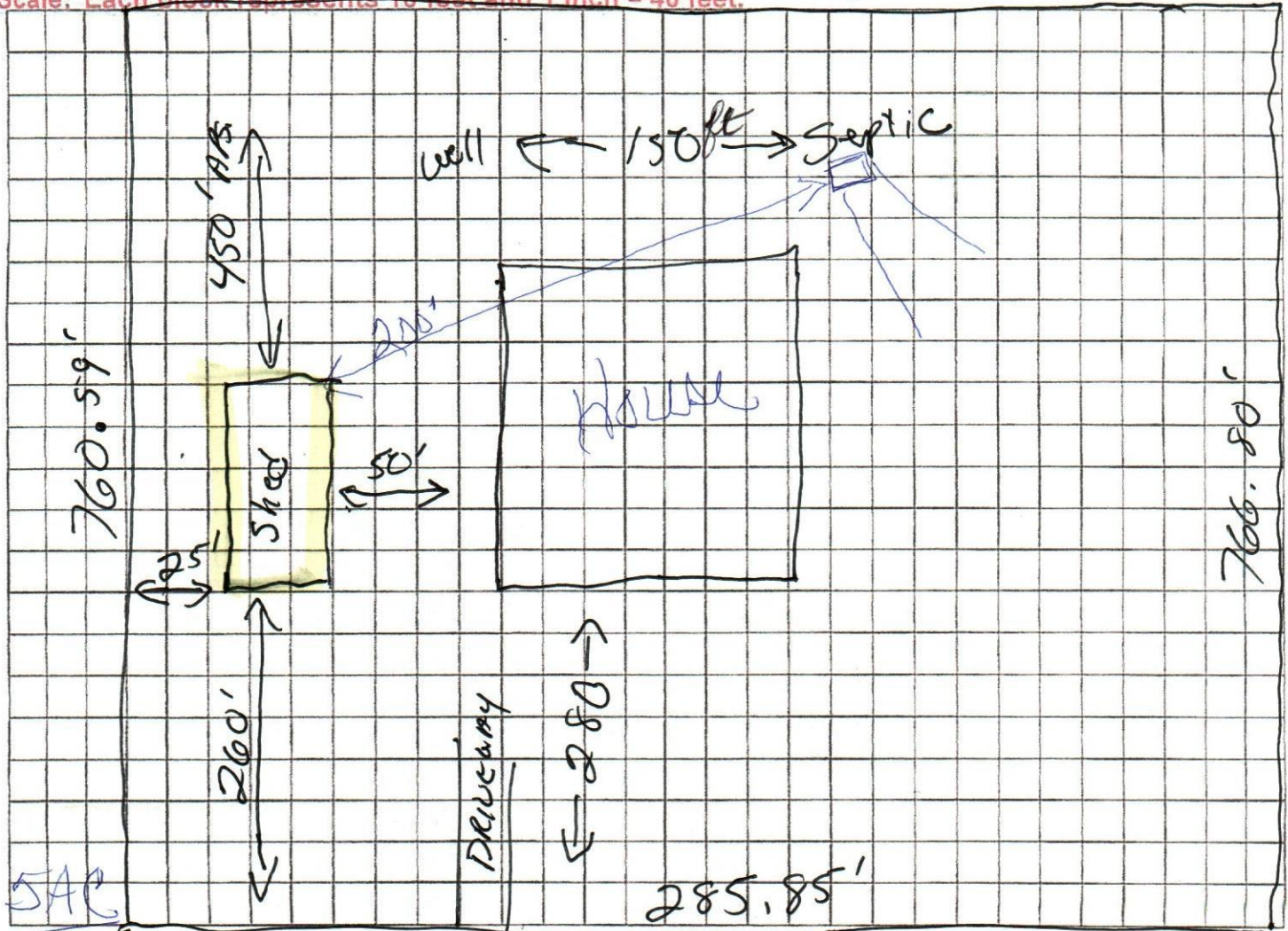
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Permit Application Number 21-0120
48310

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

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

285.85'



Notes:

Site Plan submitted by: M. Poyner TITLE owner DATE: 2/5/2021
Plan Approved ✓ Not Approved _____ Date 4/21
By Kelly Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2. 1. 1950

1. 1. 1950



1. 1. 1950

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