

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

PERMIT NO.	31-0291
DATE PAID:	DLOD DD
FEE PAID:	3 3 24 A
RECEIPT #:	144042

APPLICATION FOR: [] New System [X] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Ronnie Munson				
AGENT: N/A TELEPHONE: 850-723-0674				
MAILING ADDRESS: 2750 CAROL CLEEK ROAD, ST CLOUD, FL 34772				
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: 7 BLOCK: SUBDIVISION: PINE ACLES UNLEC PLATTED:				
PROPERTY ID #: 31-55-16-03744-30 ZONING: I/M OR EQUIVALENT: [Y /N				
PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD				
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT				
PROPERTY ADDRESS: 1382 SW FAULKNEL DRIVE, FORT WHITE, FL 32038				
DIRECTIONS TO PROPERTY: FROM LAKE CITY TOL N ON FL 47 to County 140 WEST				
to Ichetucknee Ave, go south to SW FAULKNEY DRIVE, PROPERTY begins				
immediately on Right; house is on Right 1300 ft.				
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL				
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC				
1 RESIDENCE-HOUSE 3 1,773 sf Original attacked				
3				
4				
[] Floor/Equipment Drains [] Other (Specify) SIGNATURE: ** DATE: 3/21/2021				

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

ronnie/munson@yahoo.com

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-029/

Notes: 1 A. of 10.02 A FAULKNER DRIVE	Scale: Each block represents 10 feet and the scale of the	The state of the s	3004	1127.09' 1127.09' 110.07. With 10.07.
	Notes: 1 A. of 10.02 A			31 L4 53 West

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT