

550 298104744



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

PERMIT NO. 21-0881
DATE PAID: 10/25/21
FEE PAID: 425.00
RECEIPT #: 1757315

APPLICATION FOR:

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

APPLICANT: Sheldon "WAYNE" GREEN

AGENT: _____

TELEPHONE: 972-977-2777MAILING ADDRESS: 206 15TH ST ST. AUGUSTINE 32084

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: 10 BLOCK: A SUBDIVISION: OLD WIRE FARMS PLATTED: _____PROPERTY ID #: 03818-110 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 533 SW HOMESTEAD CIRCLE FT WHITE
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>Manuf Home</u>	<u>3 1/2</u>	<u>APPRX 1000</u>	<u>Old permit =</u>
2				<u>01-0036-N</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Sheldon Wayne GreenDATE: 10/20/2021

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Permit Application Number

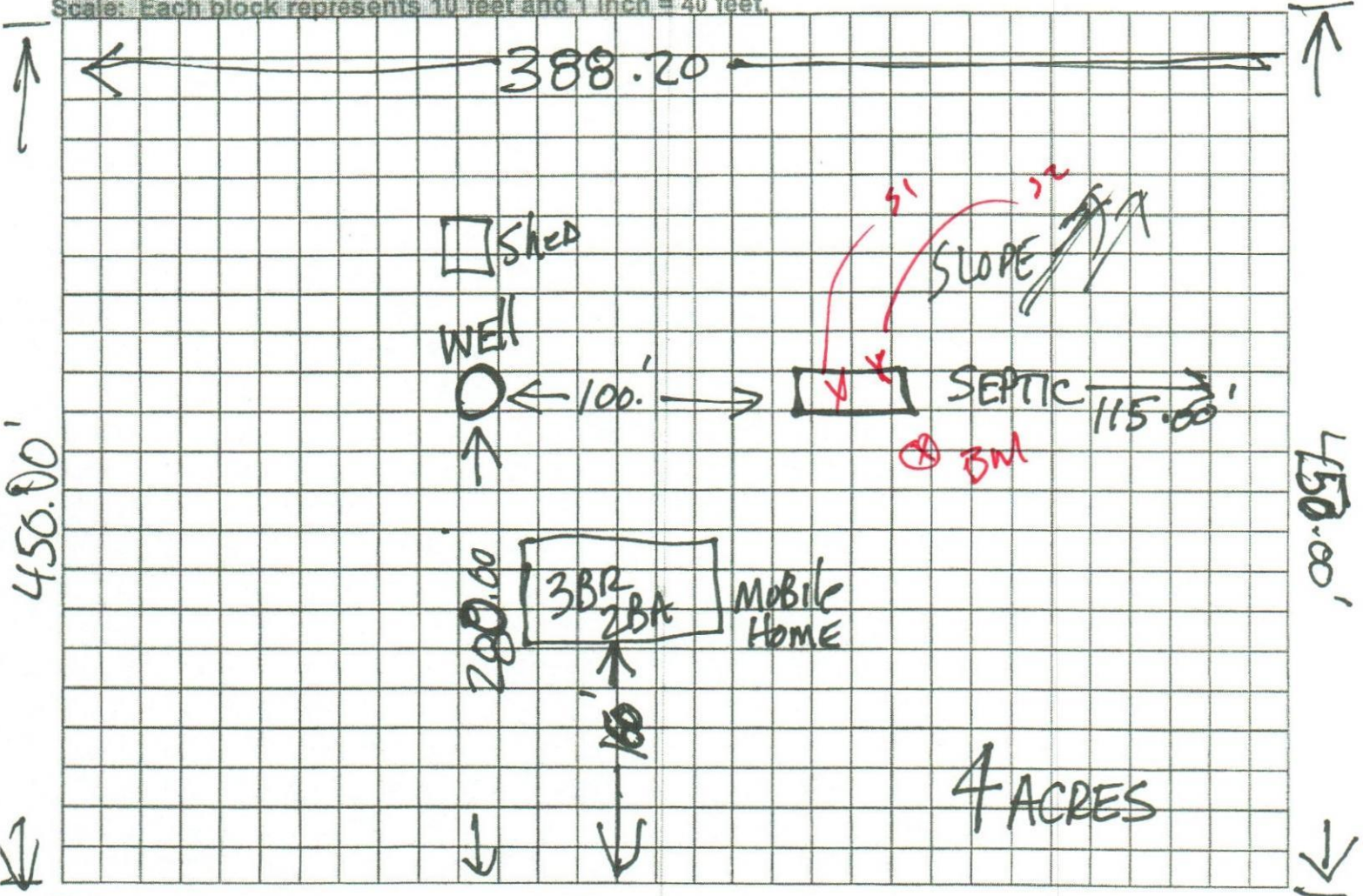
533 SW Homestead
Circle

FT White 32038

22-0881

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: _____ Agent: _____ Owner: _____ Date: _____

Plan Approved ☒ Not Approved _____ Date 12/2/21

By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT