

SSD 195106731



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

PERMIT NO. 21-0608  
DATE PAID: 7/14/21  
FEE PAID: 425.00  
RECEIPT #: 129735

APPLICATION FOR:

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

APPLICANT: Hector M. Muro + Iris Rojas

AGENT: Carey Ann TELEPHONE: 352-870-9608

MAILING ADDRESS: 14901 Minskew Avenue, Ft 32615 Carey Ann Ryan

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: 86 BLOCK:        SUBDIVISION: Santa Fe River Plantations PLATTED:       

PROPERTY ID #: 30-75-17-10058-676 ZONING:        I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 2.43 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 764 SW Heflin Ave Fort White, FL

DIRECTIONS TO PROPERTY: Head south on SR 47. Turn Left onto 27 in Fort White.

Turn right onto SW Miquette Blvd. Turn right on SW Heflin Ave. Property on Left.

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>SFR</u>	<u>3</u>	<u>1,407</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Carey Ann DATE: 7/11/21

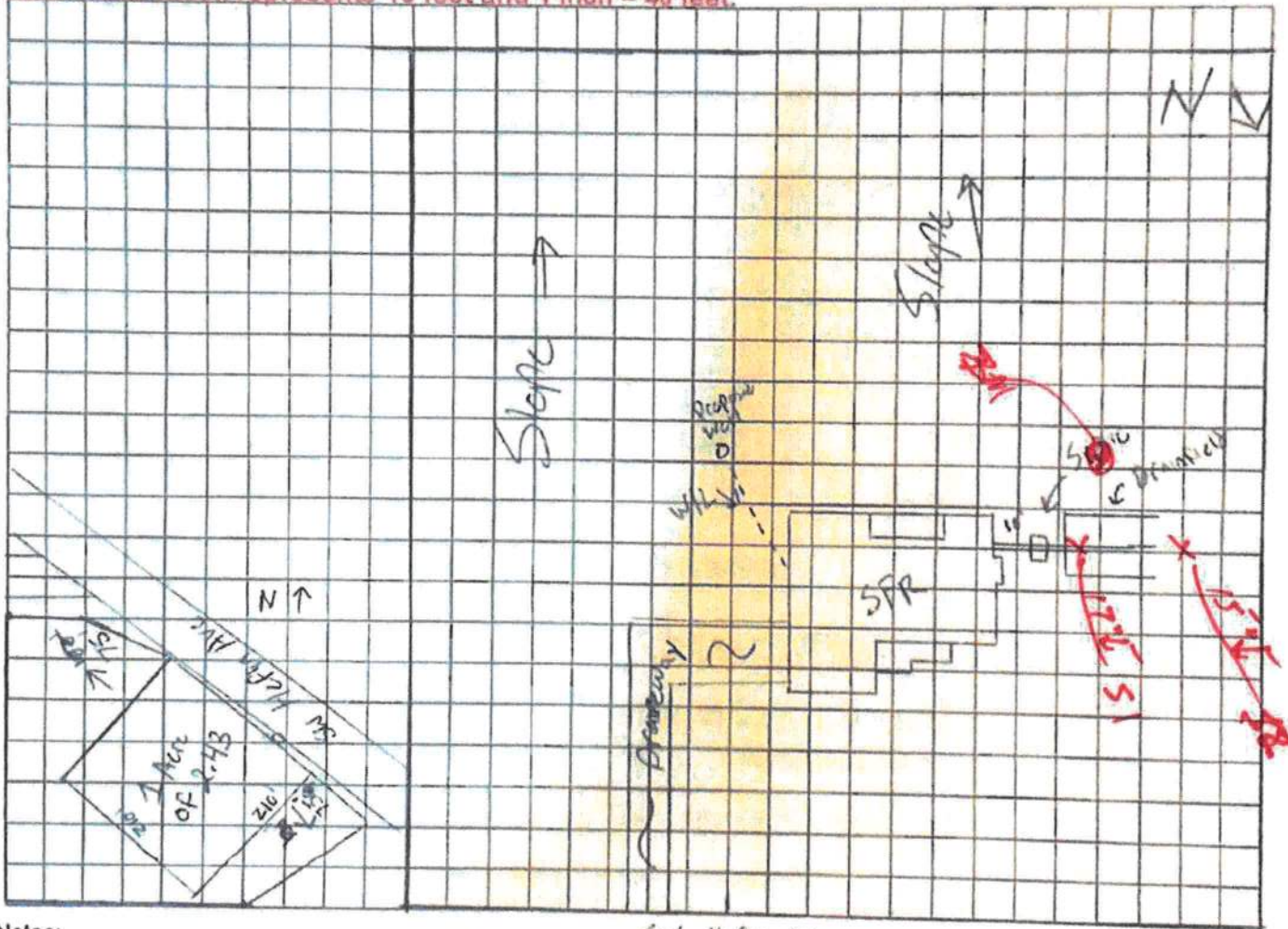
49899

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-06058

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

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



Notes:

SW Heflin Ave

Site Plan submitted by: Cory Amica

Plan Approved ☒

Not Approved ☐

By [Signature]

Date 8/4/21

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

49849