



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

PERMIT NO. 20-0657
DATE PAID: 8/12/20
FEE PAID: 400.00
RECEIPT #: 551514

APPLICATION FOR:

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

APPLICANT: Sandra Maynard

AGENT: _____ TELEPHONE: 352-514-7417

MAILING ADDRESS: 220 SW Scrubtown rd 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 05-75-17-09899-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

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

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

PROPERTY ADDRESS: 220 SW Scrubtown rd Fort White, FL 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

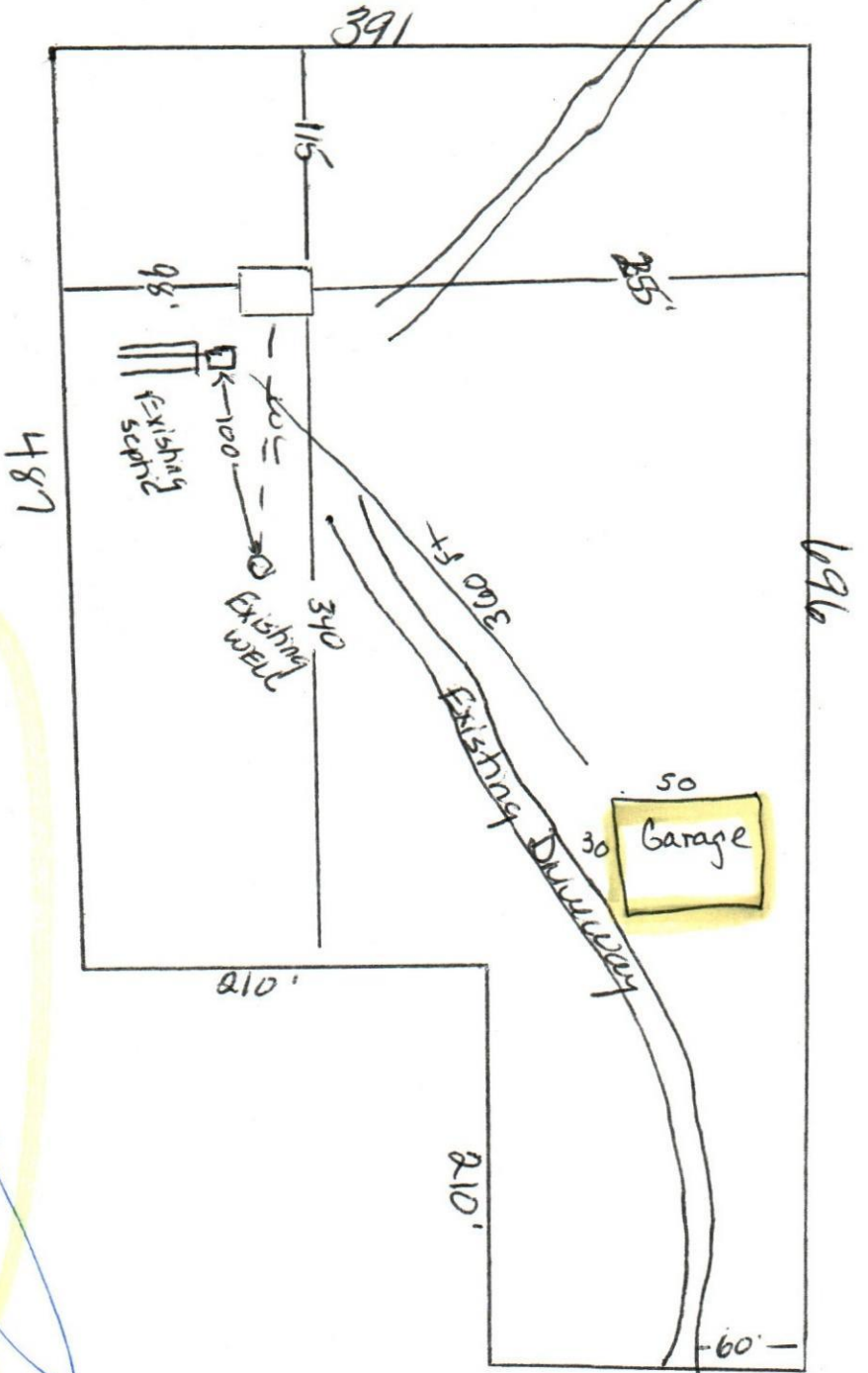
[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Garage</u>	<u>1</u>	<u>1500</u>	
2				
3				
4				

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

SIGNATURE: Sandra Maynard DATE: 8/12/20

20-0657



Jeffrey Kasper
220 SW Scrubtown Rd
Parcel # 05-15-17-09899-001

APPROVED

Columbia CHD

02/11/8

8/14/20

SW Scrubtown Rd

Scale 1"=100'

~~COLUMBIA CHD~~

~~APPROVED~~

Submitted by Wendy Stennell

15-01497

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