



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0409
DATE PAID: 5-7-25
FEE PAID: 507.25 + 160.00
RECEIPT #: 2218840

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jason Florence, Christine Beare

EMAIL: jaycee021122@gmail.com

AGENT: _____

TELEPHONE: (352)-663-3847

MAILING ADDRESS: 3915 SW. Centerville Ave. 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: DIST. 4 PLATTED: _____

PROPERTY ID #: 28-6S-16-03964-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.95 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3915 SW. CENTERVILLE AVE. 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 I, Chapter 62-6, FAC
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1	<u>GARAGE</u>	<u>0</u>	<u>1000</u>	
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NO
ORIGINAL ATTACHED
NO original found

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

SIGNATURE: Jason F. DATE: 5/6/25

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

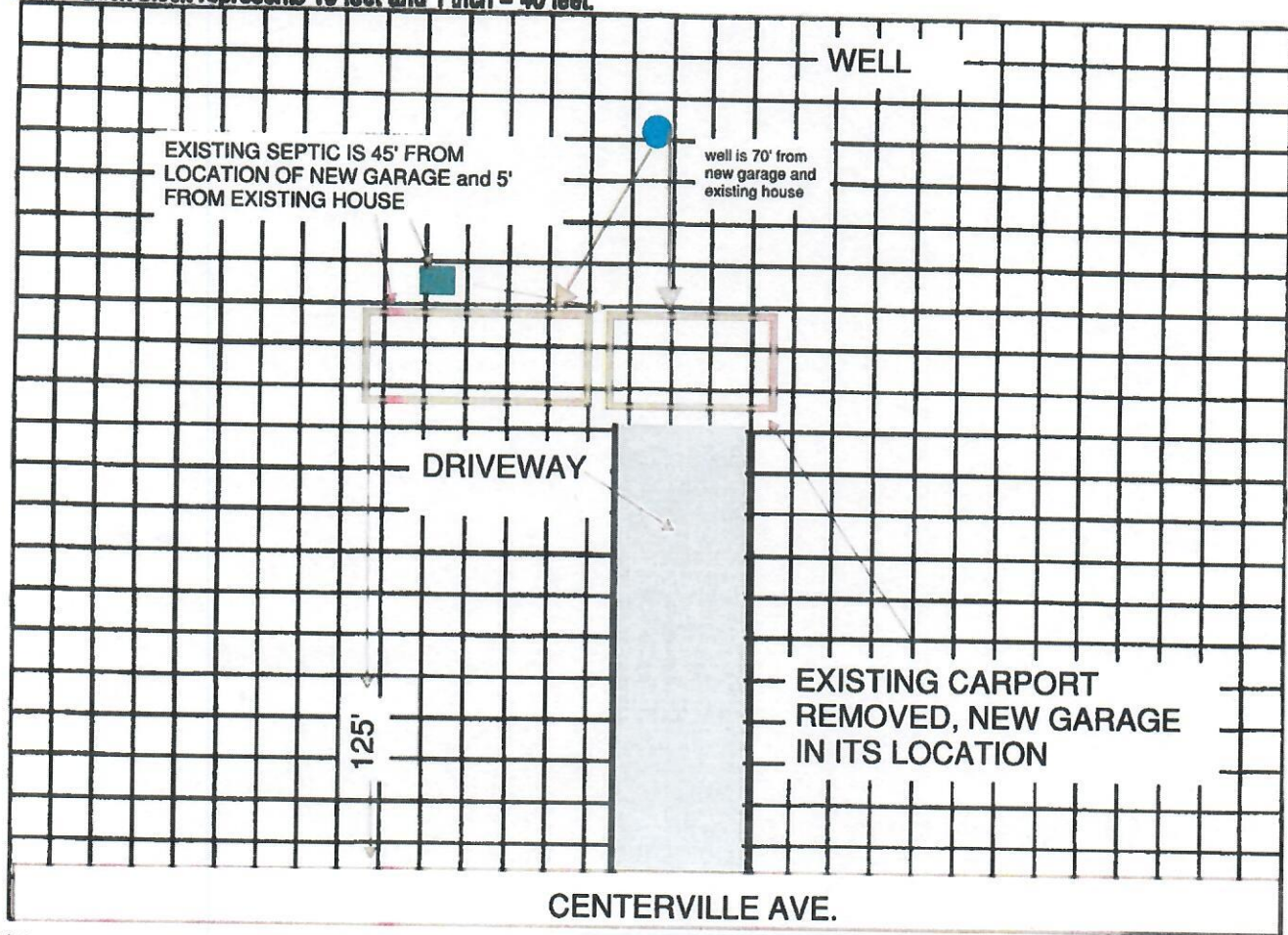


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----- PART II - SITEPLAN -----

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



Notes: ONE ACRE OF 3.95 ACRES

Site Plan submitted by: JASON FLORENCE

Plan Approved ✓ Not Approved Columbia

By [Signature]



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT