

SSO 01407606 56



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

PERMIT NO. 21-0004
DATE PAID: 1/12/21
FEE PAID: 425.00
RECEIPT #: 1612637

APPLICATION FOR:

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

APPLICANT: Devon Johnson

AGENT: Jason T Huddleston

TELEPHONE: 352.559.3050

MAILING ADDRESS: 7420 W. Newberry Rd. Ste. B Gainesville FL 32605

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: 65 BLOCK: _____ SUBDIVISION: Cardinal Farms PLATTED: _____

PROPERTY ID #: 11-6S-16-03815-165 ZONING: A1 I/M OR EQUIVALENT: ☐ Y/N ☐

PROPERTY SIZE: 10.1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 776 SW Skyline Loop Fort White, FL 32

DIRECTIONS TO PROPERTY: Head west on NE Franklin St toward NE Calhoun Ave, Turn left onto NW Main Blvd

Slight right onto FL-47 S, Turn left onto SW Herlong St, Turn right onto SW Skyline Loop, property on your right around the bend.

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	SFD	4	2142	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 11.10.20

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0024

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

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

Site Attached

Notes: _____

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

Plan Approved ☒ Not Approved _____ Date 2/1/21

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

