



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

PERMIT NO. 20-8694
DATE PAID: 8/27/20
FEE PAID: 16000
RECEIPT #: 1554845

APPLICATION FOR:

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

APPLICANT: Gloria Brooks

AGENT: Gloria Brooks Mario Cooper TELEPHONE: (904) 263-8787

MAILING ADDRESS: 168 SW Fawn Dr Tr

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: 3 BLOCK: A SUBDIVISION: Wilson Sags Camp PLATTED: P.3

PROPERTY ID #: 01-75-15-01439-619 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 25 FT

PROPERTY ADDRESS: 168 SW Fawn Dr - Port White FL 32038

DIRECTIONS TO PROPERTY: 47 south to Port White then turn right on CR 18
go to stop sign then second house on the 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	Mobile home	2	880	ORIGINAL ATTACHED
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Gloria Brooks DATE: 8-21-20

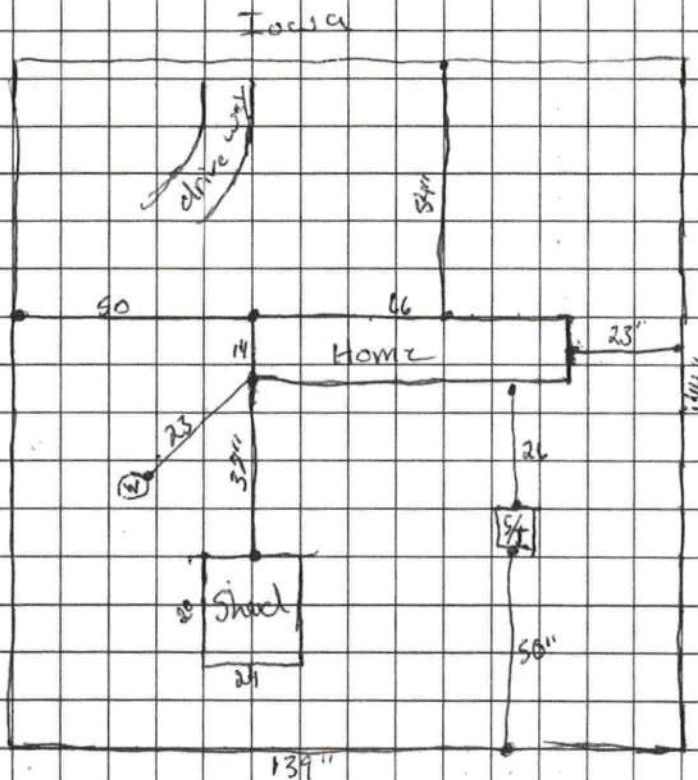
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----- PART II - SITEPLAN -----

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



Notes: _____

Site Plan submitted by: Mario Cooper Agent: _____ Owner: _____

Date: 8/21/20

Plan Approved X

Not Approved _____

Date 9/9/20

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT