



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

PERMIT NO. 23-0687  
DATE PAID: 8/24/20  
FEE PAID: 481.28/20  
RECEIPT #: 1554491

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☒ 3001

APPLICANT: Coppock, Allen

AGENT: Raymond or Alice Peelen TELEPHONE: 386 755 2848

MAILING ADDRESS: 158 SW Elk Hunter Glen 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: 43 BLOCK: \_\_\_\_\_ SUBDIVISION: Santa Fe River Plantations PLATTED: \_\_\_\_\_

PROPERTY ID #: 30751710058633 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ (Y) ☐ (N)

PROPERTY SIZE: 1.32 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ (Y) ☐ (N) DISTANCE TO SEWER: 40' FT

PROPERTY ADDRESS: 286 SW Thorne Lane

DIRECTIONS TO PROPERTY: 475 - (L) 27 - (R) CR 138 -  
(L) Heflin Ave - (R) SW Thorne Lane #286

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>Pool</u>	<u>—</u>		
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 8-17-20

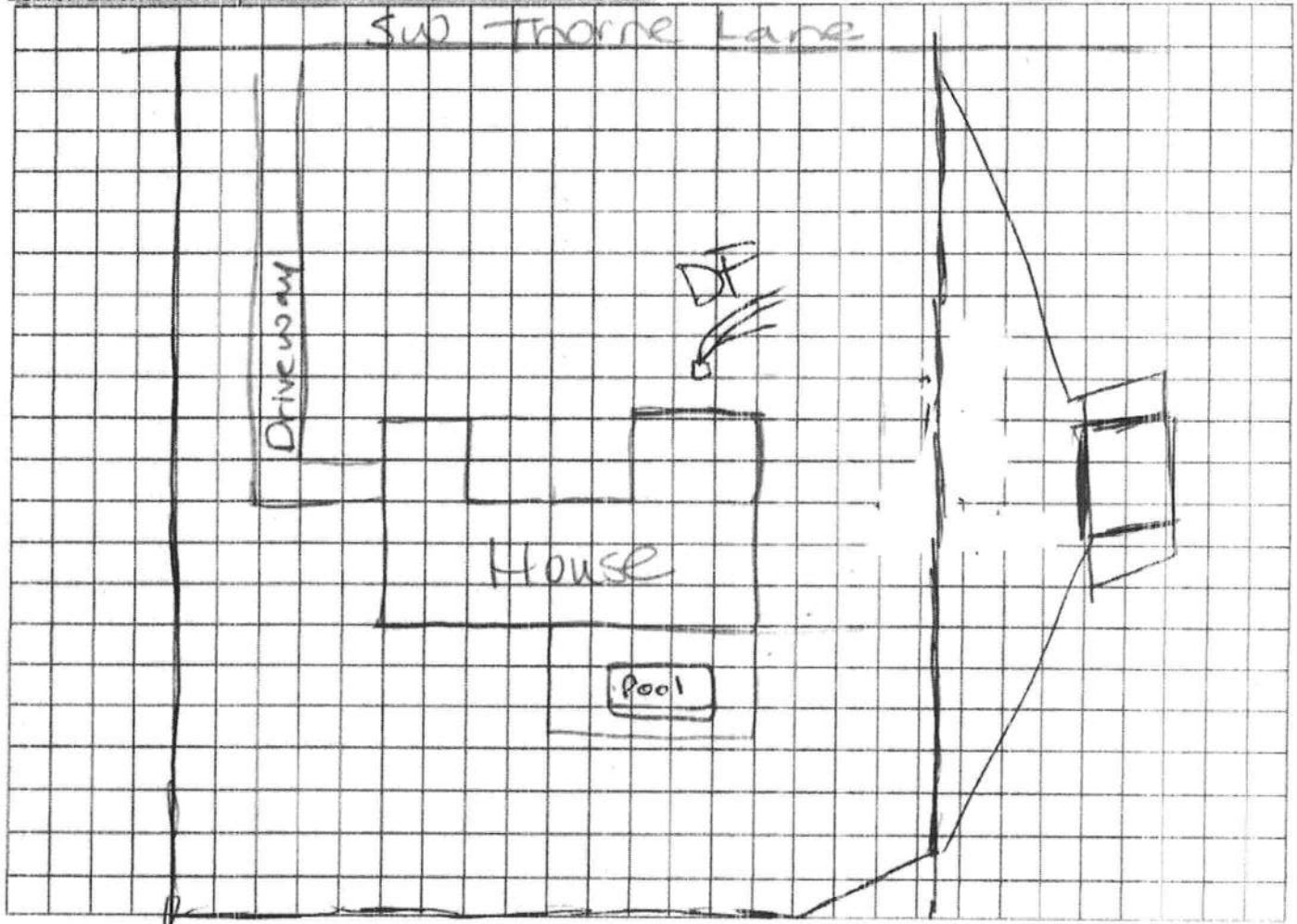
47130

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0687

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature]

Plan Approved ☒ Not Approved ☐ Date 8/27/20

By [Signature] Clembra County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**