



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

PERMIT NO. 22-0465
DATE PAID: 8/1/22
FEE PAID: 60.00
RECEIPT #: 1871844

APPLICATION FOR:

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

APPLICANT: Mike or Brenda Hartzog

AGENT: _____ TELEPHONE: 352-2155466

MAILING ADDRESS: 310 SW Deer Run Drive Ft. 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: 36 BLOCK: _____ SUBDIVISION: BlueBird Preserve PLATTED: _____

PROPERTY ID #: 31-75-17-100070-136 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 10.19 ACRES WATER SUPPLY: ☐ PRIVATE ☐ PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 310 SW Deer Run Dr. Ft. White, FL 32038

DIRECTIONS TO PROPERTY: Turn right onto N. Marion Ave, turn left on NW Justice St,
turn left onto US 27, turn right on SW CR 138, turn left on SW Woodland Ave (gate code #1705)
turn left on Deer Run Drive go down to first black double gates on right.

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>House</u>	<u>3</u>	<u>2904</u>	<u>See 22-0425</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 8/1/22

Hartzog@yahoo.com

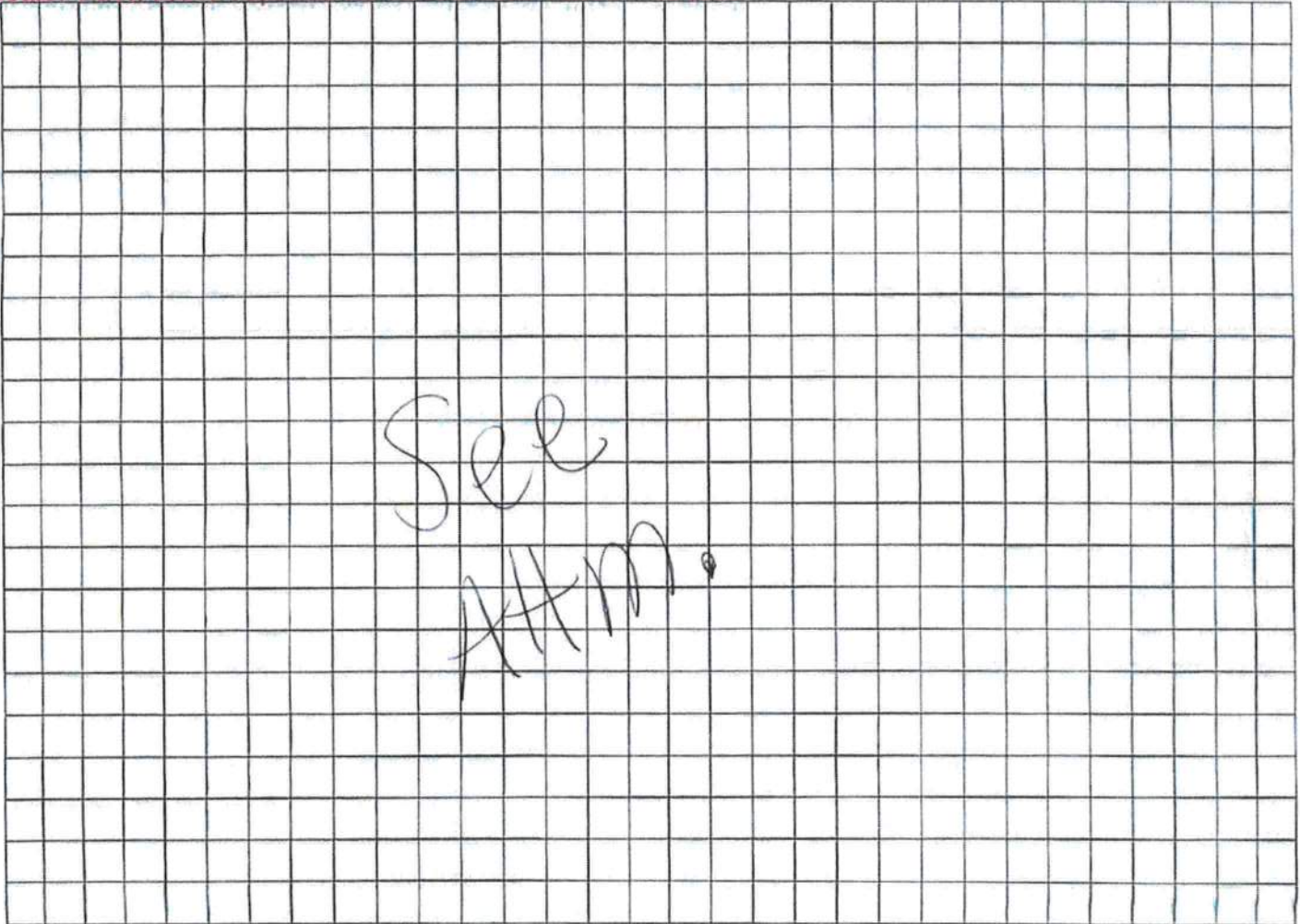
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0665

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

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



Notes: _____

Site Plan submitted by:

Talib Abd Elh Direct

TITLE

DATE:

8/1/22

Plan Approved

Not Approved

Columb

Date

8/3/22

By

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

