



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-8701
DATE PAID: 9/4/25
FEE PAID: 60.00
RECEIPT #: 2247006

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cheri Tolikinen

EMAIL: provisionpermitting@gmail.com

AGENT: Sonja North 863-517-5701

TELEPHONE: 352-283-2027

MAILING ADDRESS: 359 SW Heron Dr 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: 2 BLOCK: _____ SUBDIVISION: Old Niblack Farms PLATTED: _____

PROPERTY ID #: 01-75-16-09925-103 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 14 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: 359 SW Heron Dr Fort White FL 32038

DIRECTIONS TO PROPERTY: L on US-441 S, R on SW Tustenuggee, R on SW Fellowship, L on SW Old Niblack, Continue straight on Heron, property on L

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table I, Chapter 62-6, FAC |
|---------|-----------------------|-----------------|--------------------|---|
|---------|-----------------------|-----------------|--------------------|---|

| | | | | |
|---|--------------------|----------|-------------|----------------------|
| 1 | <u>mobile Home</u> | <u>2</u> | <u>1456</u> | <u>orig attached</u> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonja North

DATE: 9/3/25

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

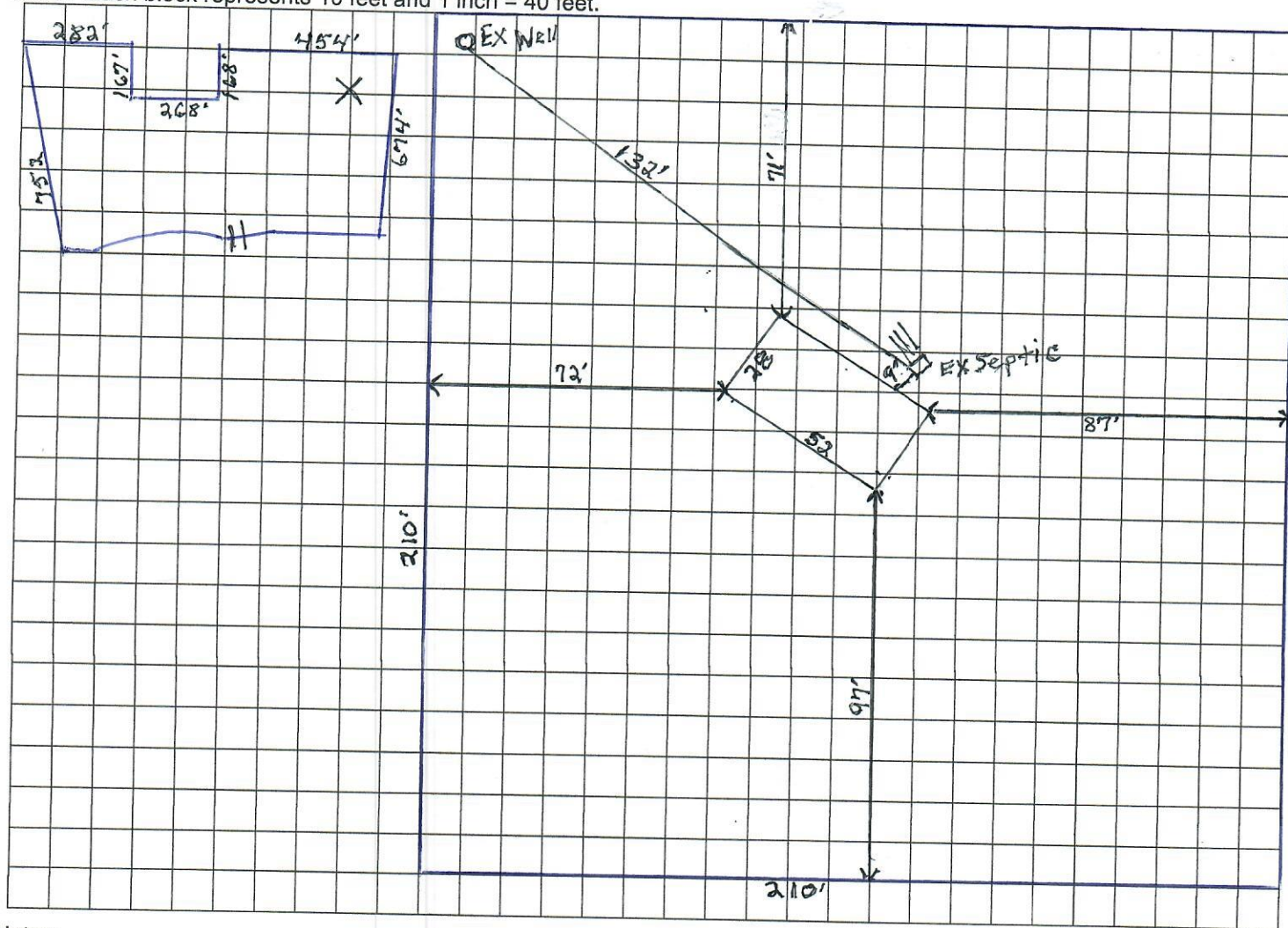
Incorporated 62-6.004, FAC

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Sonja North

Plan Approved ✓ Not Approved _____ Date 9/8/25
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.