



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

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ] \_\_\_\_\_

APPLICANT: Elizabeth Bell

AGENT: Steve Cronin

TELEPHONE: 3869650066

MAILING ADDRESS: 259 SW Paisley Court Fort White, FL 32038

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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.

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PROPERTY INFORMATION

LOT: 23 BLOCK: / SUBDIVISION: Fort White Park PLATTED: \_\_\_\_\_

PROPERTY ID #: 34-6S-16-04060-122 ZONING: R I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ X ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 259 SW Paisley Court Fort White, FL 32038

DIRECTIONS TO PROPERTY:

SO on Hwy 47 to US 27 go L east to Paisley (L) last house on the left

BUILDING INFORMATION

[X] 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>2,448</u>	
2	<u>Swimming Pool</u>			<u>4,600 gallons 168.99 ft</u>
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 07-08-22

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

**TO: COLUMBIA COUNTY HEALTH DEPARTMENT**  
**Environmental Health**  
**Phone 386-758-1058 Fax 386-758-2187**

**FROM:** Elizabeth Bell

**PERMIT: #** \_\_\_\_\_

As owner or authorized agent for the property described in the above referenced permit, I certify that I am fully aware of the following:

1. I am aware of the zoning requirements for this property, and I have determined from the County Planning & Zoning office that I can develop the property as described in my septic tank permit application.
2. I understand that it is my responsibility to determine if my property and proposed development lies within a flood prone area. (The County Planning & Zoning office can provide this information).

SIGNATURE:  DATE: 07-08-2022

\_\_\_\_ OWNER AUTHORIZED AGENT X

**Florida Department of Health**

Columbia County Health Department  
217 NE Franklin St., Lake City, FL 32055  
PHONE: 386 758-1068 • FAX 386 758-3900

Environmental Health  
135 N.E. Hernando Ave.  
386-758-1058 FAX: 758-2187

**www.FloridasHealth.com**

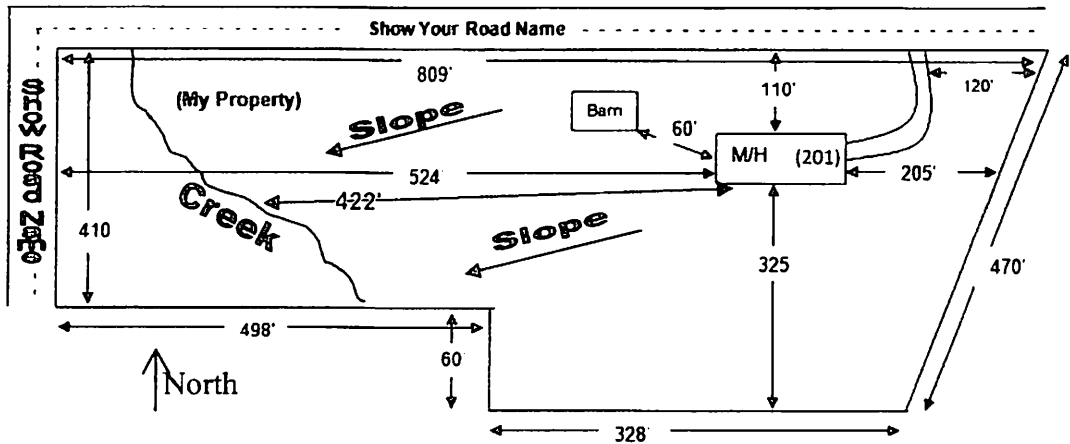
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fhdoh

## SITE PLAN CHECKLIST

- \_\_\_ 1) Property Dimensions
- \_\_\_ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- \_\_\_ 3) Distance from structures to all property lines
- \_\_\_ 4) Location and size of easements
- \_\_\_ 5) Driveway path and distance at the entrance to the nearest property line
- \_\_\_ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- \_\_\_ 7) Show slopes and or drainage paths
- \_\_\_ 8) Arrow showing North direction

### SITE PLAN EXAMPLE

Revised 7/1/15

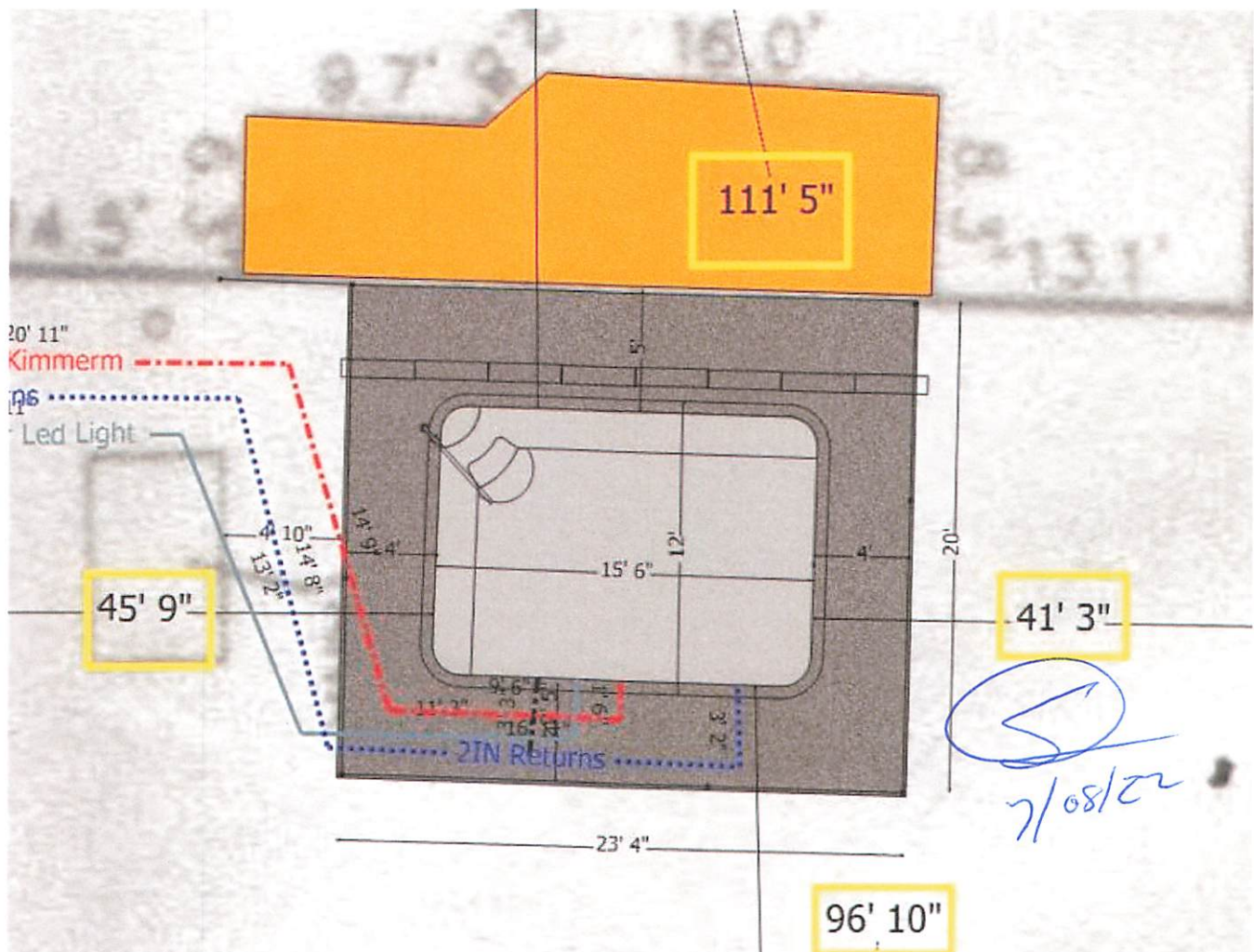


#### **NOTE:**

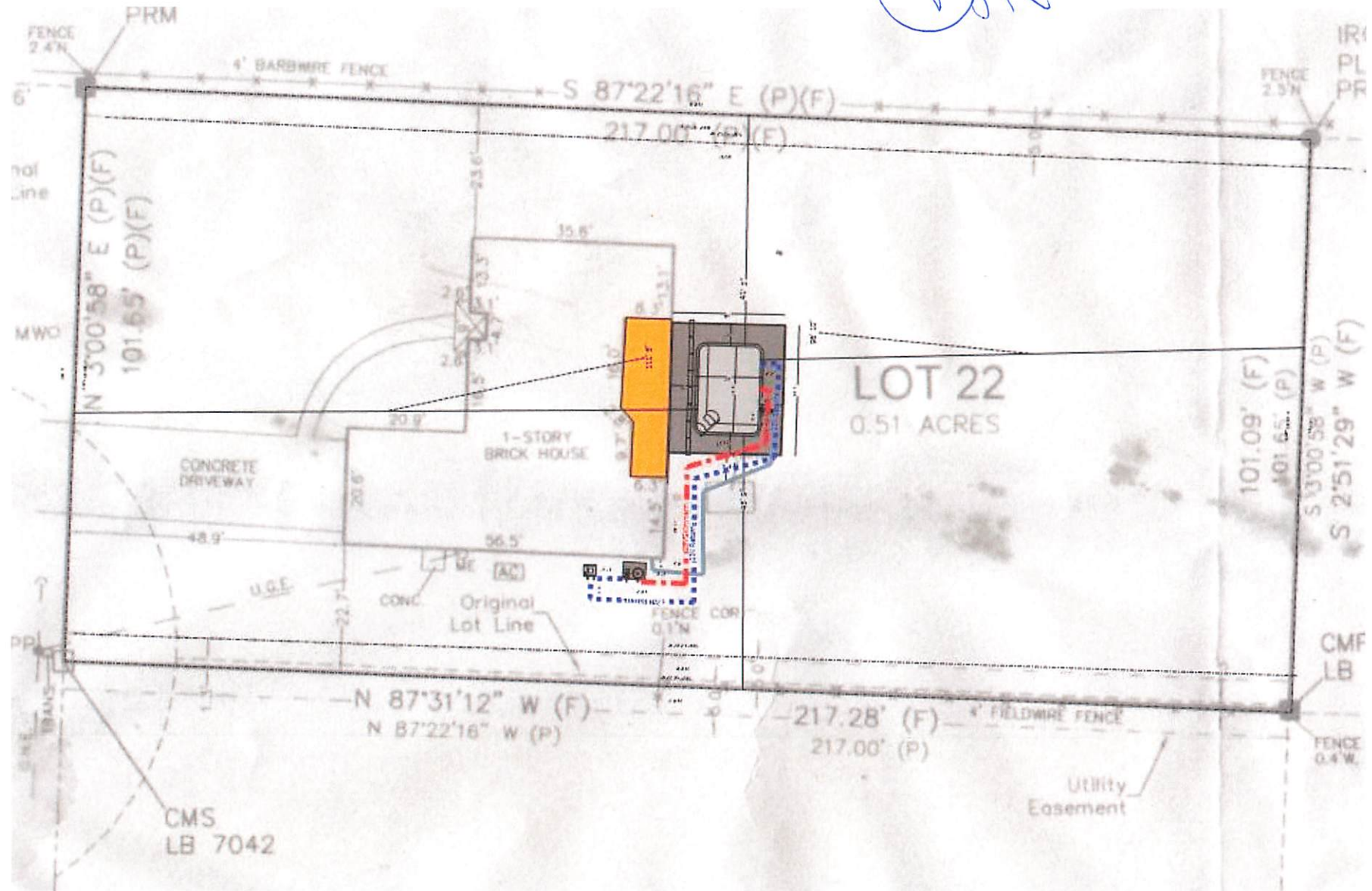
This site plan can be copied and used with the 911 Addressing Dept. application forms.

**See Attached Sheet**





5/08/22





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of all people in Florida through integrated  
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**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

Vision: To be the Healthiest State in the Nation

None of the data entered on this form will be saved to the County Health Department Web Site or EII Database

**PLEASE PRINT CLEARLY ALL APPLICABLE INFORMATION**

TO: Col. County Health Department

Re: Credit Card Authorization

We have taken an extra step to protect our clients from credit card fraud by requiring you to fill out this authorization form. This will ensure us that you are the person using the credit card for our services. It is very important for us to have a completed and signed form along with the application packet so we can process your request. We thank you for your cooperation.

**ENVIRONMENTAL HEALTH**

Application Name:

COMPANY NAME:

Name:  MI  LAST

Address:

City:  State:  Zip Code:

Card Holder:  Credit Card #:   
Enter name as it appears on card

Check Type: ☐ Visa ☐ Master Card ☐ DISC ☒ AMER EXP.

Expiration Date:  (mm/yyyy) Three Digit Security Code:

Credit Card Billing Address:

City:  State:  Zip Code:

Phone #:  email address:

I authorize County Health Department to charge my credit card account for the following

Amount \$:

Signature:  Date:

**Be sure to sign this form and then send the completed form with the  
application packet and E-Mail**

Florida Department of Health  
in Columbia County  
217 NE Franklin Street  
Lake City, FL 32055  
PHONE: 386/758-1068 • FAX: 386/758-2180  
FloridaHealth.gov

**Environmental Health**  
**Ph-386-758-1058**  
**FAX 386-758-2187**



**Accredited Health Department**  
**Public Health Accreditation Board**