



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

PERMIT NO. 22-0056
DATE PAID: 7/27/22
FEE PAID: 310.00
RECEIPT #: 1787551

APPLICATION FOR:

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

APPLICANT: WILLIAM JOYCEAGENT: Ronald Ford - Ford's SepticTELEPHONE: 386-755-6288MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055

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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: 12 BLOCK: _____ SUBDIVISION: BUCKHEAD WOODS - UNRECORDED PLATTED: _____

PROPERTY ID #: 25-5S-16-03716-112 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.73 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: TBD SW MYSTIC WAY FORT WHITE, FLORIDA 32038

DIRECTIONS TO PROPERTY: 47 South. (L) on Watson Street.
(R) on Old Wire Road. (L) on Landrum Lane.
(R) on Mystic Way. First Lot on 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	3	1795	HEATED / COOLED SQUARE FEET
2			(1795	TOTAL SQUARE FEET)
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: RC Al

DATE: 7/27/22
1-19-22 RL

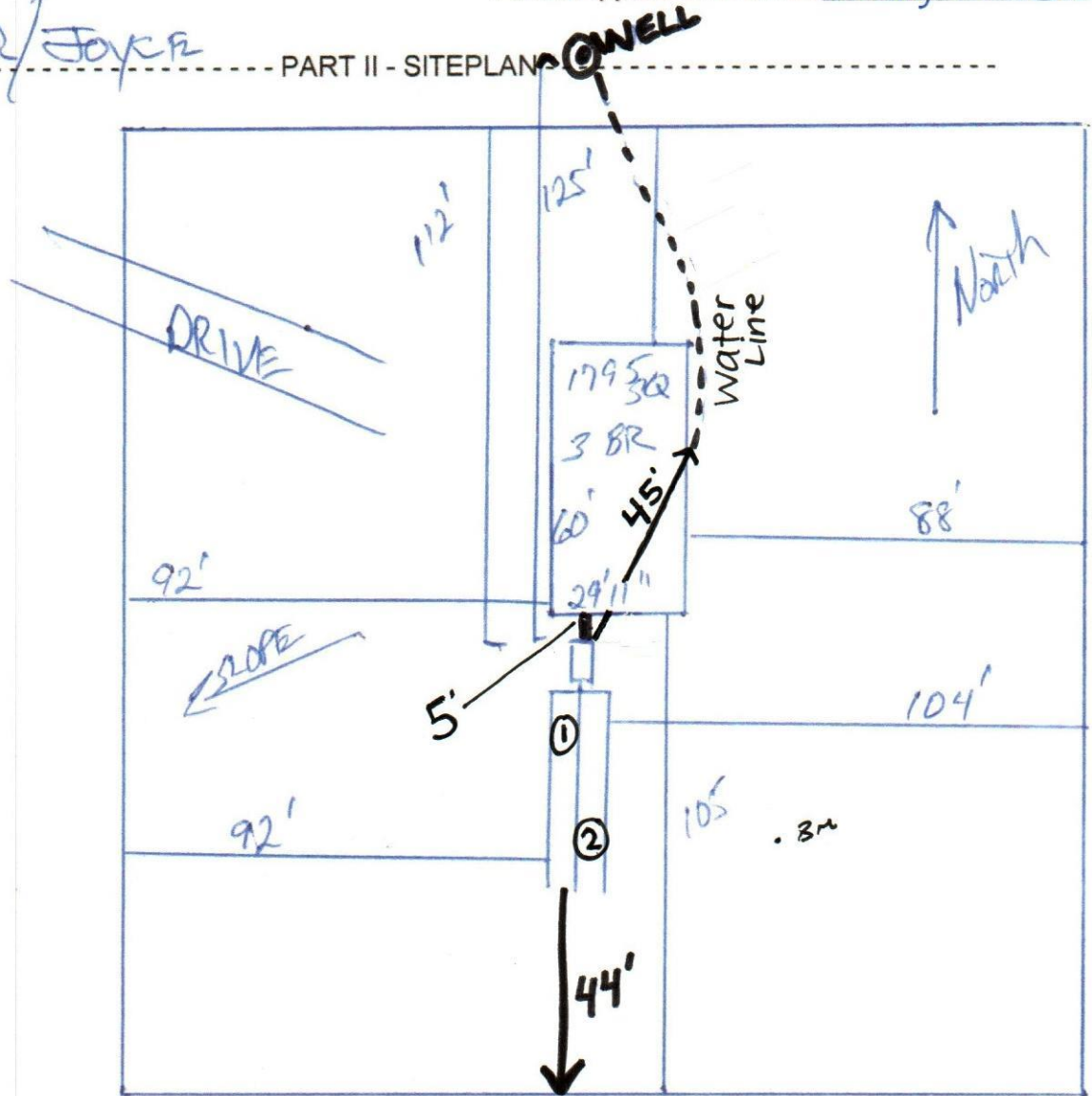
STATE OF FLORIDA
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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-00530

Sumner/Joyce

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 10.73 Acres
See Attached

Site Plan submitted by: [Signature] CONTRACTOR
Plan Approved ☒ Not Approved ☐ Date 1/2/22
By [Signature] ESR [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT