



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

FW

PERMIT NO. 21-0542  
DATE PAID: 2/21/21  
FEE PAID: 310.00  
RECEIPT #: 1682105

APPLICATION FOR:

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

APPLICANT: Martin and Dinora Martinez

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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: 15 BLOCK: NA SUB: Tustenuggee Ridge PLATTED: \_\_\_\_\_

PROPERTY ID #: 18-6S-17-09696-215 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 6 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 11702 Tustenuggee Ave, Fort White, FL

DIRECTIONS TO PROPERTY: TL onto US-441S, TL onto US-441S, TR onto SW Tustenuggee Ave.

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	SF Residential	2	960 24x40	
2				
3				

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

SIGNATURE: William D. Bishop II

DATE: 6/14/2021

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

Permit Application Number 21-0562

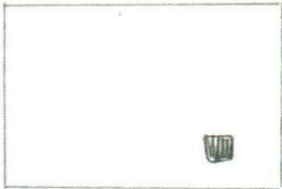
Martinez

210'

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

↑N



1 acre of l.



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

1 acre of l.

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐

6/21/2021 Date 6-14-21

By Kell By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT