

41563



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

PERMIT NO. 21-0235
DATE PAID: 3/9/21
FEE PAID: 100.00
RECEIPT #: 1036613

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [☒] Light

APPLICANT: Hilda Cruz Jansen Investments LLCAGENT: Hilda CruzTELEPHONE: 386-247-3565MAILING ADDRESS: 160 SW Clewiston Court, 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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 03970-007 ZONING: FC I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 1 1/2 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [☒] Y / N] DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 160 SW Clewiston Court, Fort white FL 32038

DIRECTIONS TO PROPERTY: _____

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>Mobile Home</u>	<u>4</u>	<u>2376</u>	<u>(Existing on site)</u>
2				
3				
4				

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

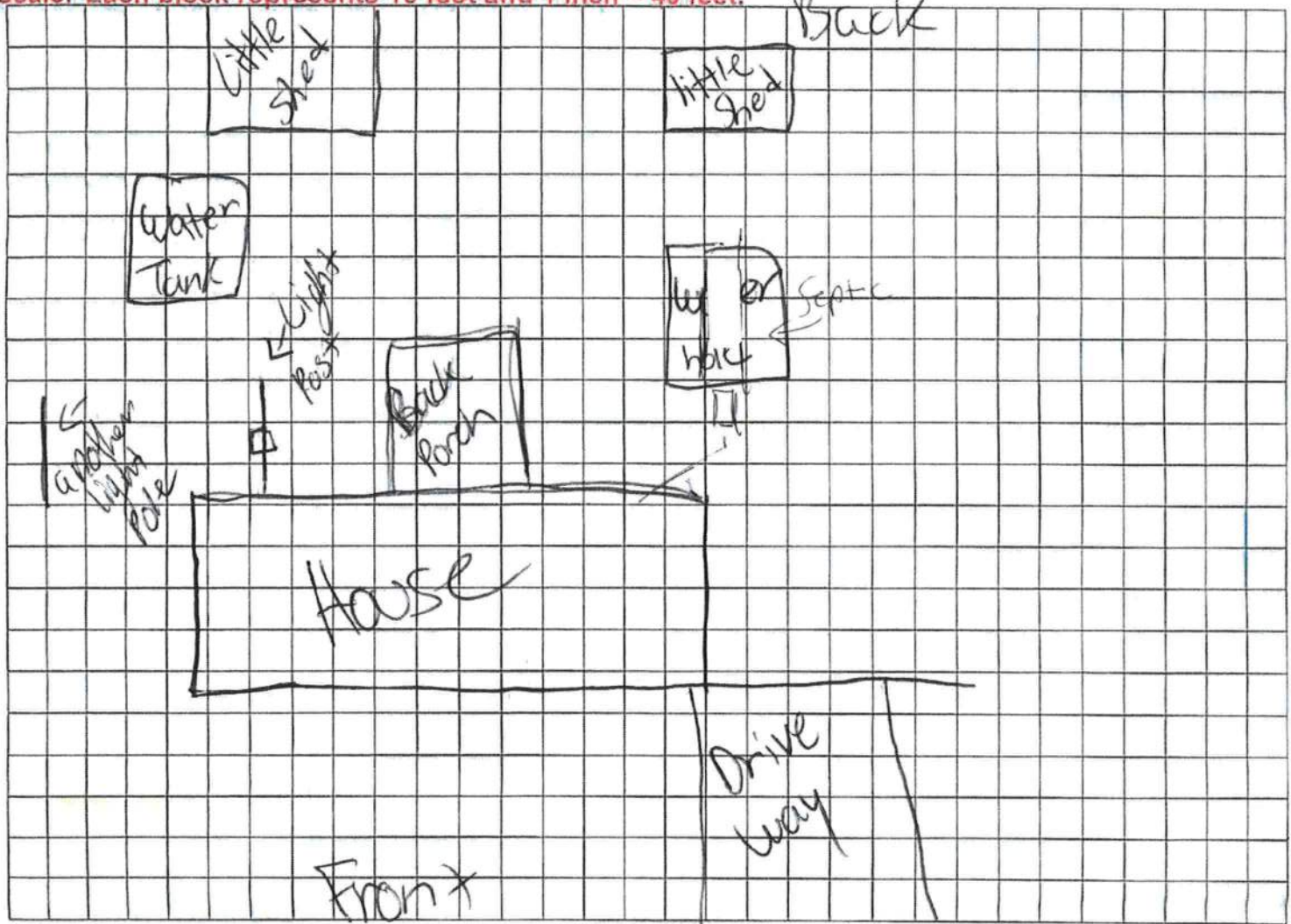
SIGNATURE: Hilda CruzDATE: 03/09/21

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

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



Notes: _____

Site Plan submitted by: Hilda Cruz TITLE _____ DATE: _____

Plan Approved ☒ Not Approved _____ Date 03/09/21

By [Signature] Columbus County Health Department

5/17/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT