

FW

550 168 206 449



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

PERMIT NO. 22-0549
DATE PAID: 6/17/22
FEE PAID: 115.26
RECEIPT #: 1832053
New \$310.00 7/2/22

APPLICATION FOR:

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

APPLICANT: Jerald + Suzanne Tucker

AGENT: _____

TELEPHONE: 734-478-7707

MAILING ADDRESS: 165 SE Golf Club Ave, Lake City FL 32025

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: 6 BLOCK: 1 SUBDIVISION: Wilson Springs ^{I.A} PLATTED: 2000

PROPERTY ID #: 06-75-16-04149-107 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .49 ACRES WATER SUPPLY: [☒ PRIVATE PUBLIC []] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] ^{=.5 with right of way} DISTANCE TO SEWER: _____ FT

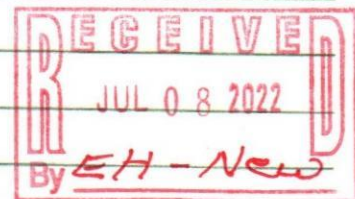
PROPERTY ADDRESS: 230 SW Memorial Dr. Fort White

DIRECTIONS TO PROPERTY: Memorial Dr. - Wilson Springs
6th 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	<u>Barn w/Bath</u>	<u>N/A</u>	<u>1,080</u> <u>1,250</u>	<u>std 22</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____



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

SIGNATURE: [Signature]

DATE: 6/17/22

Permit Application Number

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PART II - SITEPLAN

Hand-drawn site plan on grid paper. The plot is rectangular with dimensions 100 (width) and 174 (height). A building footprint is shown in the upper right, with a chimney. A parking area is indicated by 'P' and 'S' markings. A road is shown on the left. A compass rose indicates North (N), South (S), East (E), and West (W). A date stamp '8/7/22' is visible.

Notes:

Site Plan submitted by:

Agent:

Owner:

Date: _____

4/17/22

Plan Approved

Not Approved_____

Date ~~6/1/22~~ 7/1/22

By _____

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT