

Incorporated 64E-6.001, FAC

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

PERMIT NO. 20-0494
DATE PAID:
FEE PAID:
RECEIPT #: 1555673

Page 1 of 4

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []						
APPLICANT: Jared Jacobson						
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: NA BLOCK: NA SUB: NA PLATTED:						
PROPERTY ID #: 07-7s-17-09932-001 ZONING: I/M OR EQUIVALENT: [Y / N						
PROPERTY SIZE: 1 ACRES WATER SUPPLY: [\(\)] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD						
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: NA FT PROPERTY ADDRESS: 217 SW Boulder Gln., Fort White, Fl 32038						
Calhoun Ave, follow FL-478, 1-75 S& US-418 to W. Ch 778, brive to SW Boulder Glen.						
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL						
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC						
SF Residential $2 1152$						
3						
[] Floor/Equipment Drains [] Other (Specify)						
SIGNATURE: DATE: 8/19/2020						
DH 4015, 08/09 (Obsoletes previous editions which may not be used)						

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

			Permit Application Nur	mber 20	-0696
Jacok	Son	PART II - SITEPL	AN		
Scale: 1 inch = 40 feet.	210'				
8					
ΛN			di		
	EX SI	· ·	string 52 SF 18R	addition 38'	
Notes:	D'SIDE	SW BOU	ider Gin.		410,
Site Plan submitted by:_ Plan Approved ByKM	Willia	Not Approved_	(dlvw.b.i.	MASTER CON Date9	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT