



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

PERMIT NO. 21-0712
DATE PAID: 8/31/21
FEE PAID: 600.00
RECEIPT #: 1217419

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Richard Breines

AGENT:

TELEPHONE: 561-373-1142

MAILING ADDRESS: 315 SW Waffle GUN, 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: L BLOCK: _____ SUBDIVISION: Busssey C/N PLATTED: _____

PROPERTY ID #: 18-75-17-10021-012 ZONING: _____ I/M OR EQUIVALENT: [Y] [X] [N]

PROPERTY SIZE: 18.18 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] [X] [N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 315 SW Waffle GUN, Fort White, FL 32038

DIRECTIONS TO PROPERTY: See attached

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>SFD</u>		<u>3930</u>	<u>ORIGINAL ATTACHED</u>
2	<u>Accessory structure</u>	<u>0</u>	<u>864</u>	
3				
4				

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

SIGNATURE:

Richard Breines




DATE: 08-12-2021

21-0712

- PART II - SITEPLAN

[illegible]

Notes: See attached

DocuSigned by: 
Site Plan submitted by: _____
Plan Approved ☒ C4C7AC7B97734D9... Not Approved _____ Date 8/24/2021
By  _____  _____ County Health Department

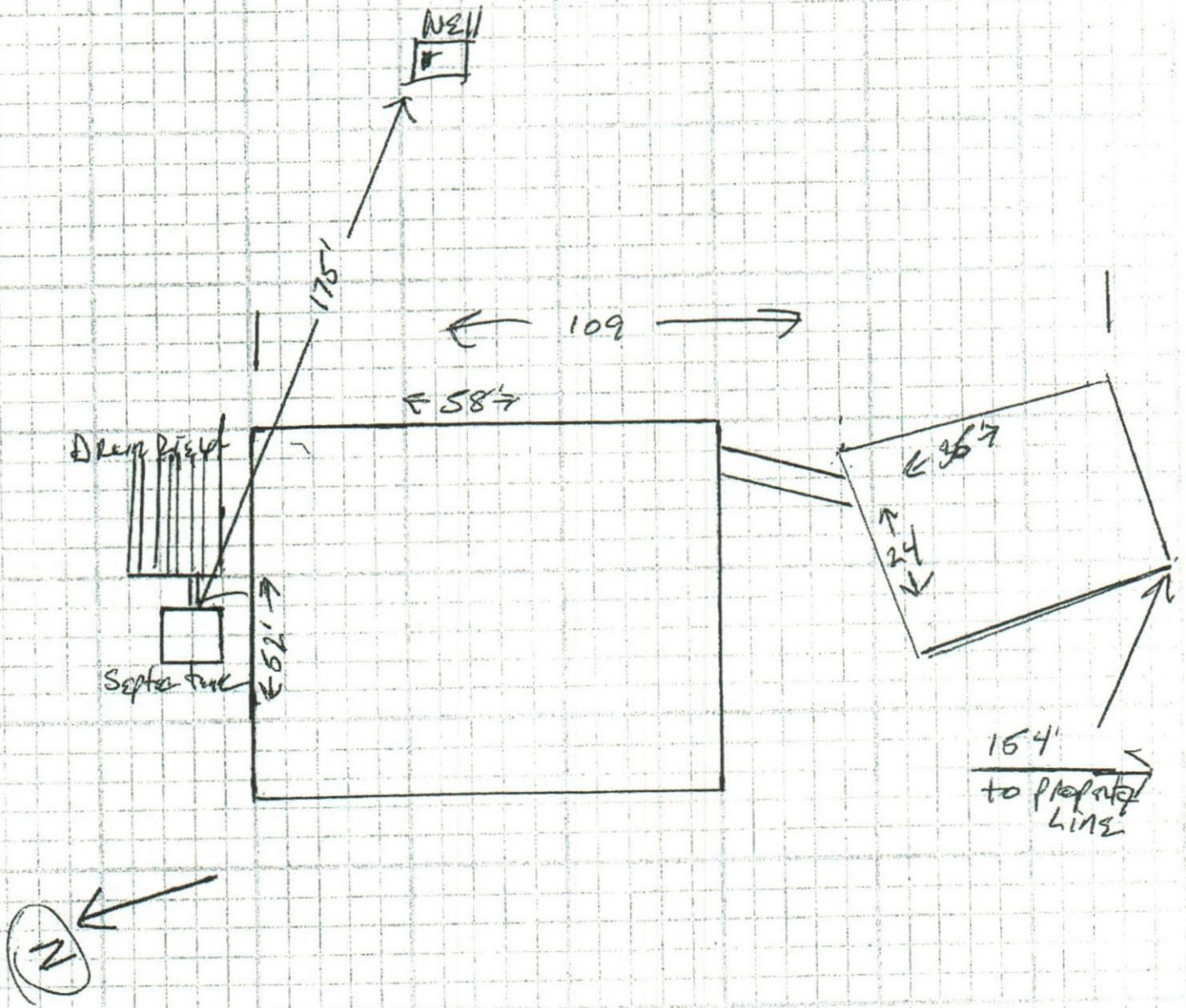
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SITE PLAN

21-0712

Each Square or 1" Is Equal To 20' Ft.

Parcel Number: 18-75-17-10021-012-37426



Property Owner: Richard Steiner

Address: 315 SW WATTLE GLEN

Name of Preparer (if different than above): _____

Zoning: _____

THIS PLOT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

(Signature of Applicant or Agent) [Signature]

DATE: 8/15/21