



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

PERMIT NO. 20-0822
DATE PAID: 10/23/20
FEE PAID: 200.00
RECEIPT # 1586851

APPLICATION FOR:

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

APPLICANT: 124 Rolling Meadows GLN Fort White, FL 32038

AGENT: Adalberto Padin TELEPHONE: 352 468 1116

MAILING ADDRESS: 124 Rolling Meadows GLN 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: 4 BLOCK: _____ SUBDIVISION: Sedgefield P3 PLATTED: _____

PROPERTY ID #: 03-65-16-0374⁶⁷304 ZONING: _____ I/M OR EQUIVALENT: ☒ (N)

PROPERTY SIZE: 3.12 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ 12000GPD

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

PROPERTY ADDRESS: 124 Rolling Meadows GLN, Fort White, FL 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

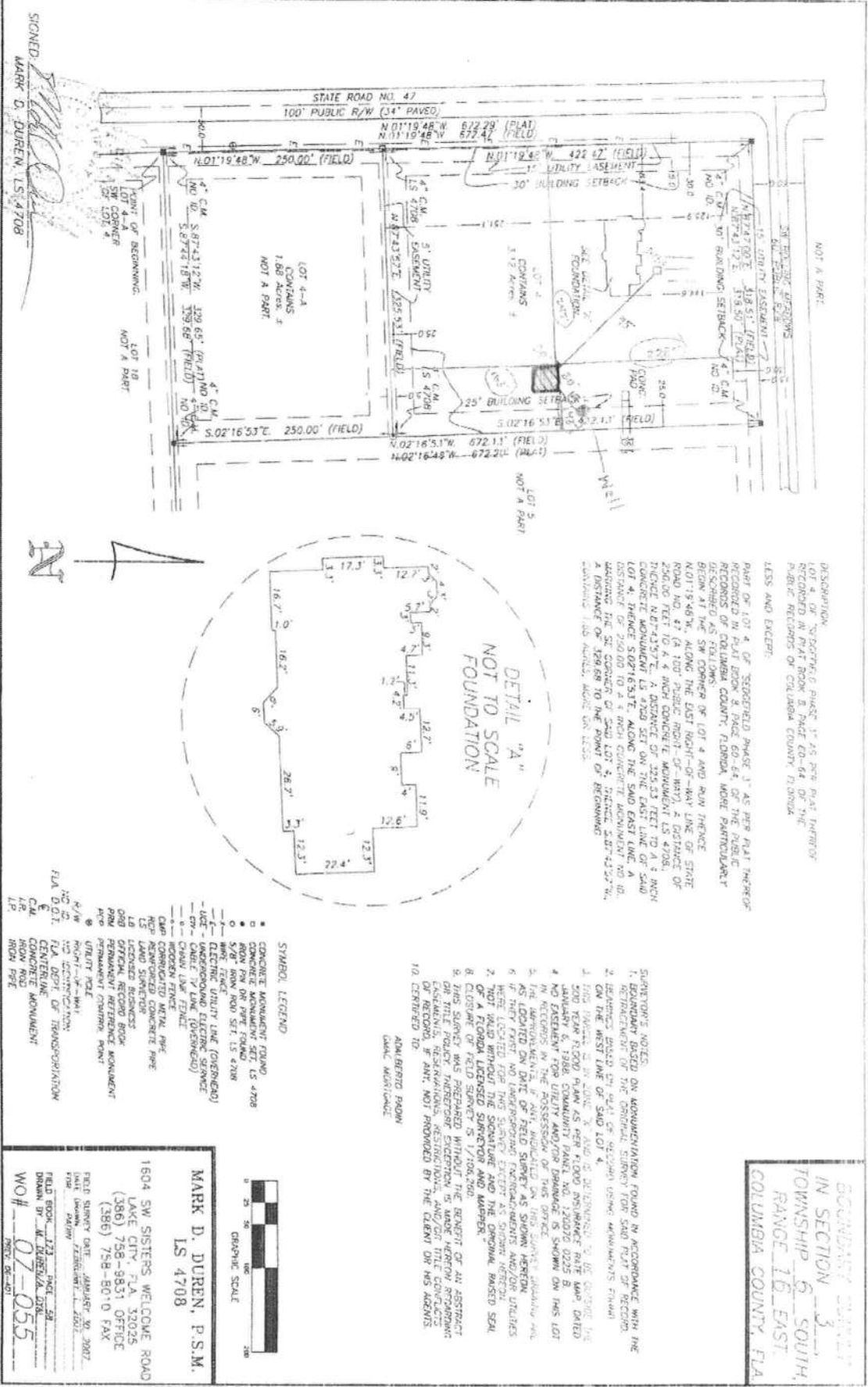
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	New BLDG	<u>0</u>	<u>900</u>	ORIGINAL ATTACHED
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 10/13/2020

47507

20-0822



APPROVED
Columbia CTD

10/27/00

MARK D. DUREN, P.S.M.
LS 4708

1604 SW SISTERS WELCH ROAD
LAKE CITY, FLA 32025
(386) 758-9831 OFFICE
(386) 758-8010 FAX

FIELD SURVEY DATE: JANUARY 20, 2007
DRAWN BY: K. DUREN, LS 4708
CHECKED BY: M. DUREN, LS 4708
WFO# 07-055

BOUNDARY SURVEY
IN SECTION 3, TOWNSHIP 6 SOUTH,
RANGE 16 EAST,
COLUMBIA COUNTY, FLA.