



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

PERMIT NO. 21-0509
DATE PAID: 5/28/21
FEE PAID: 6500
RECEIPT #: 1607922

APPLICATION FOR:

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

APPLICANT: MARGARET K. JACOB

AGENT: _____

TELEPHONE: _____

MAILING ADDRESS: 417 SE ROBIN HOOD PL, HIGH SPRINGS 32643

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: 22 BLOCK: _____ SUBDIVISION: Shenwood Forest U2 PLATTED: _____

PROPERTY ID #: 10-75-17-00976-024 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 417 SE ROBIN HOOD PL, HIGH SPRINGS 32643

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
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1	<u>MOBILE HOME</u>	<u>3</u>		<u>No original found</u>
2				<u>(map has 23-336 900/360 7/93)</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

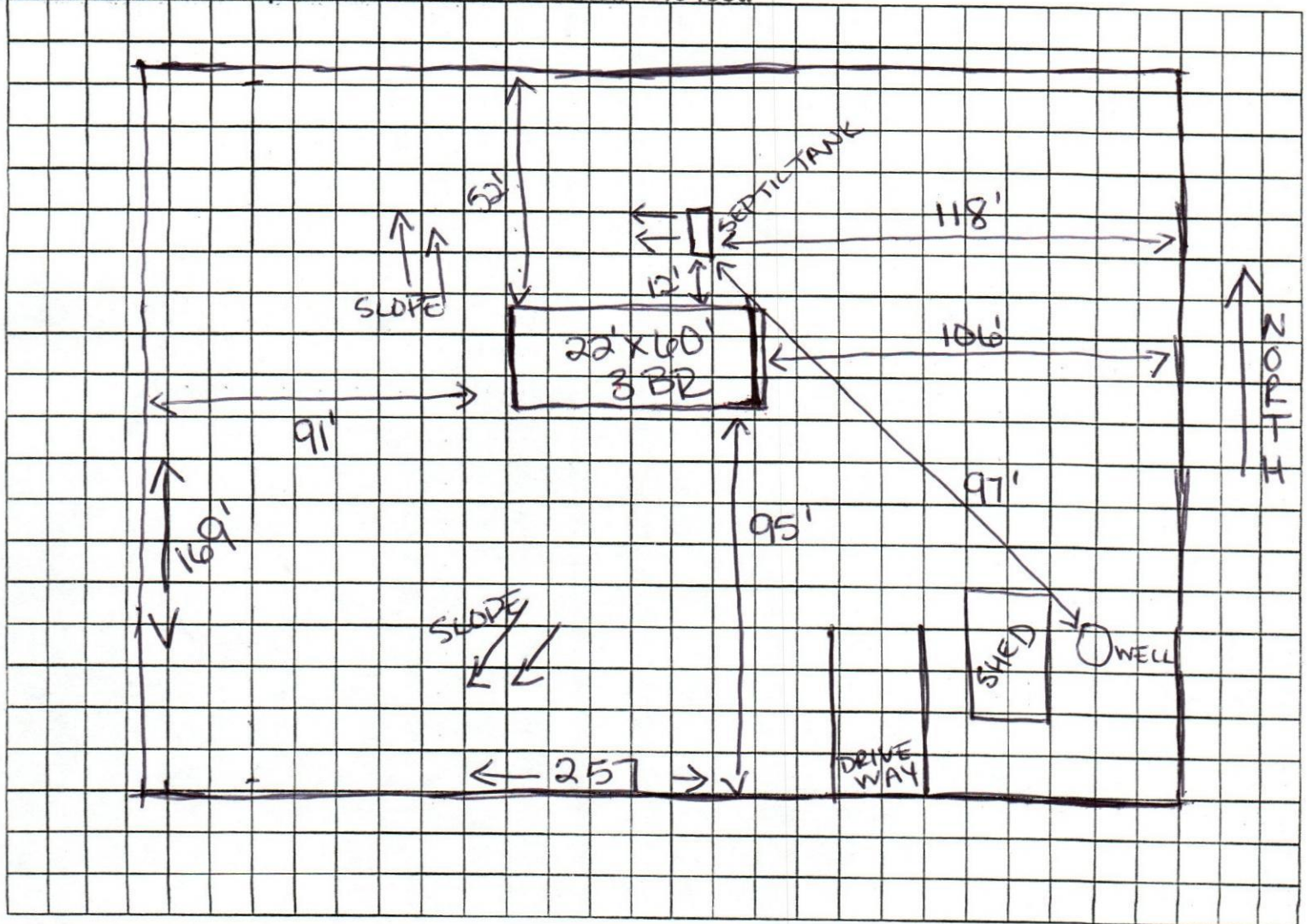
SIGNATURE: Margaret K. Jacob DATE: 5/27/21

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

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



Notes: _____

Site Plan submitted by: [Signature] TITLE _____ DATE: _____
Plan Approved X Not Approved _____ Date 6/9/21
By [Signature] Cerubia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT