



FW

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

PERMIT NO: 21-0725
DATE PAID: 8/31/21
FEE PAID: 285.00
RECEIPT #: 7772480

APPLICATION FOR:

☒ New System
☐ Repair

☒ Existing System
☐ Abandonment

☐ Holding Tank ☐ Innovative
☐ Temporary ☐

APPLICANT: Donald MyersAGENT: Barbara Erzinger CBC 1251325 TELEPHONE: 904.361.8440MAILING ADDRESS: 1355 Ripdon Rd Wx FL 32220 emc.hobbi@gmail.com

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: BLOCK: SUBDIVISION: PLATTED: PROPERTY ID #: 04675-000 ZONING: I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 10. ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ ≤2000GPD [] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ [N] DISTANCE TO SEWER: FTPROPERTY ADDRESS: 4361 SW County Rd 18 Fort White FL 32038DIRECTIONS TO PROPERTY: Continue to E. Duval St - SW Turn right on ave to SW Fellowship St. 20 mi

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>New mobile home</u>	<u>3</u>	<u>1144</u>	
2				
3				
4				

ORIGINAL ATTACHED

[] Floor/Equipment Drains [] Other (Specify) SIGNATURE: Barbara ErzingerDATE: 8-27-21



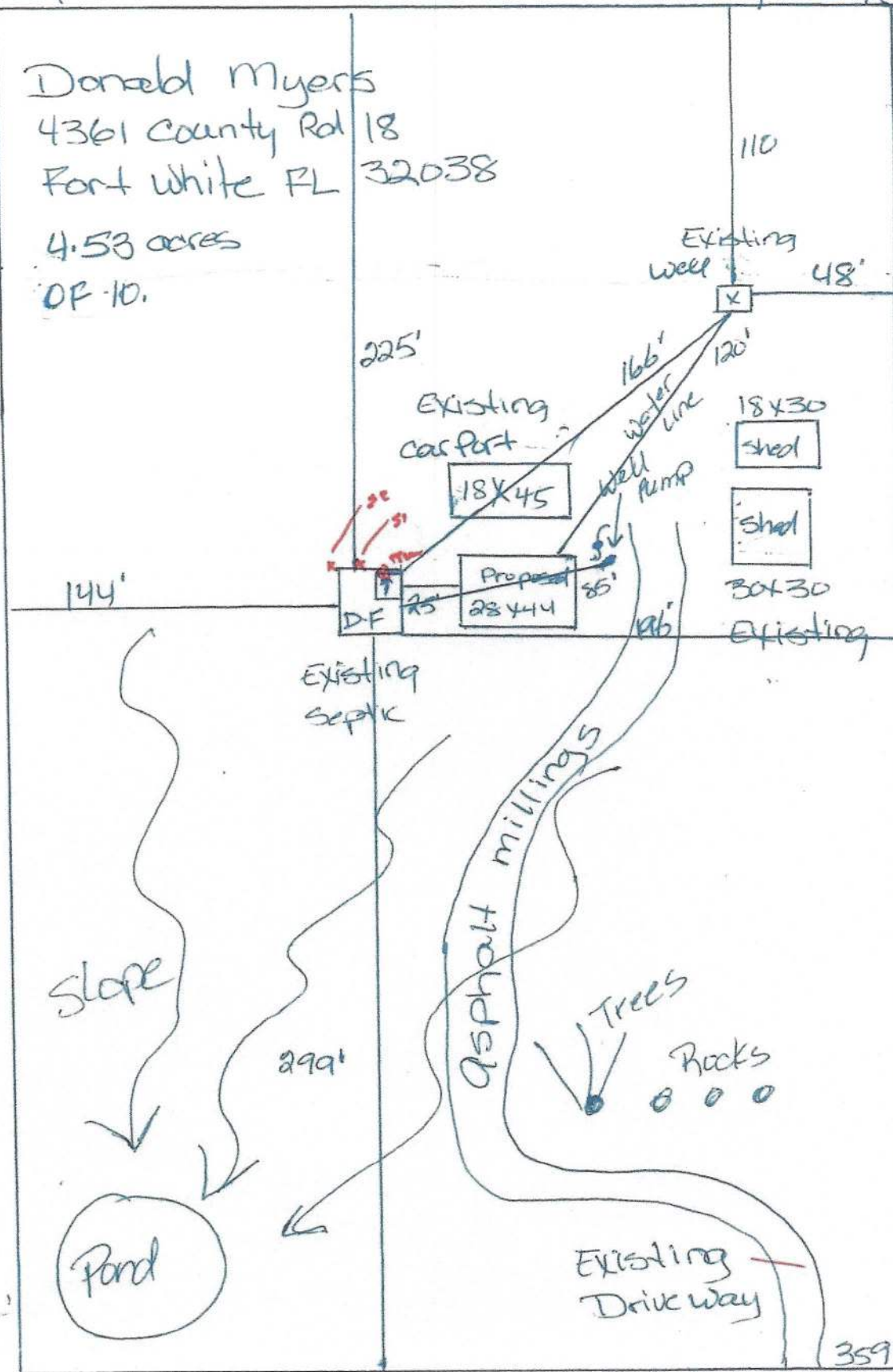
359

3665-16-04075-000

21-0725

Donald Myers
4361 County Rd 18
Fort White FL 32038
4.53 acres
DP-10.

Vacant



550

Vacant

550

359

Bike Path

County Road 18 Fort White

Permit Application Number 21-0725

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

This is a full-page image of a blank sheet of graph paper. The page is covered by a uniform grid of thin black lines forming small squares. There are approximately 20 columns and 20 rows of squares. A faint yellow horizontal strip is visible along the top edge of the page.

Notes: Please see Attached

Plan Approved X Not Approved _____

By  COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT