



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

PERMIT NO. 20-0440  
DATE PAID: 8/10/20  
FEE PAID: 310.00  
RECEIPT #: 1550681

**FW**

APPLICATION FOR:

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

APPLICANT: Jonathan Morris

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: 5 BLOCK: D SUB: Spring Hills PLATTED: 1976

PROPERTY ID #: 36-5S-15-00488-071 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.045 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 217 SW Plum Ct, Fort White, FL 32038

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St., take FL-47S,  
cont. to Co. Rd. 240, take SW Ichetucknee Ave  
to Plum St.

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	SF Residential <u>MH</u>	<u>2</u>	<u>14x80</u>	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William D. Bishop II

DATE: 8/3/2020

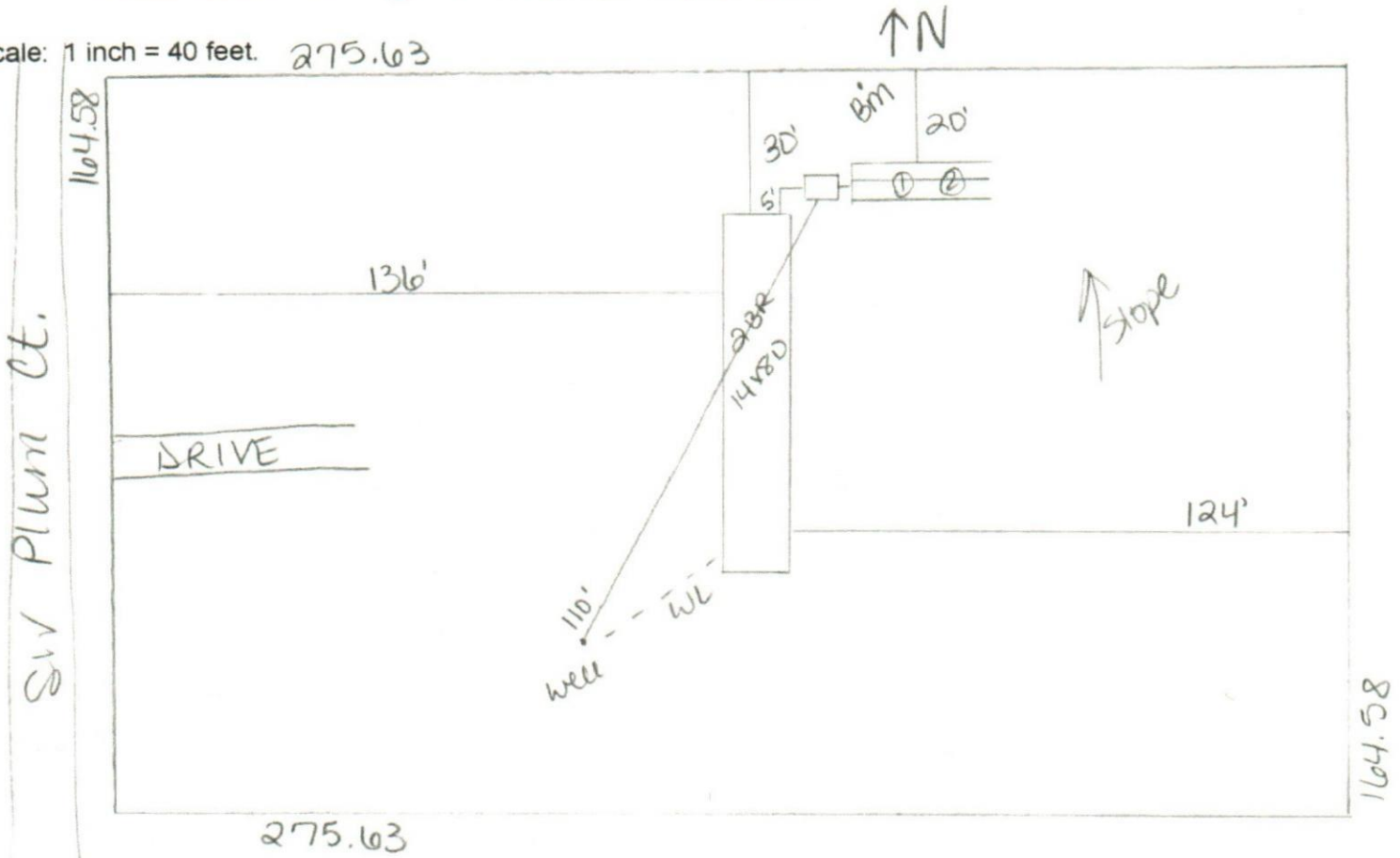
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0640

Morris (Tyler)

PART II - SITEPLAN

Scale: 1 inch = 40 feet. 275.63



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: William A. Bishop II  
Plan Approved X Not Approved \_\_\_\_\_  
By: [Signature] Columbia CHD

MASTER CONTRACTOR  
Date 8-3-20  
County Health Department  
8/12/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT