(56)

SSO 2614457

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

PERMIT NO: 20-0757
DATE PAID: 9/22/20
FEE PAID: 485.00
RECEIPT #: 15749404

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Natalia Scott

AGENT: _____ TELEPHONE: 986-395-0672

MAILING ADDRESS: 200 SW Signal Ct. Ft. White 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: 47 BLOCK: ____ SUBDIVISION: Shiloh Ridge PLATTED: ____

PROPERTY ID #: 15-7S-16-04226-147 ZONING: ____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 200 SW Signal Ct. Ft. White, FL 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	2	1250	
2				
3				
4				

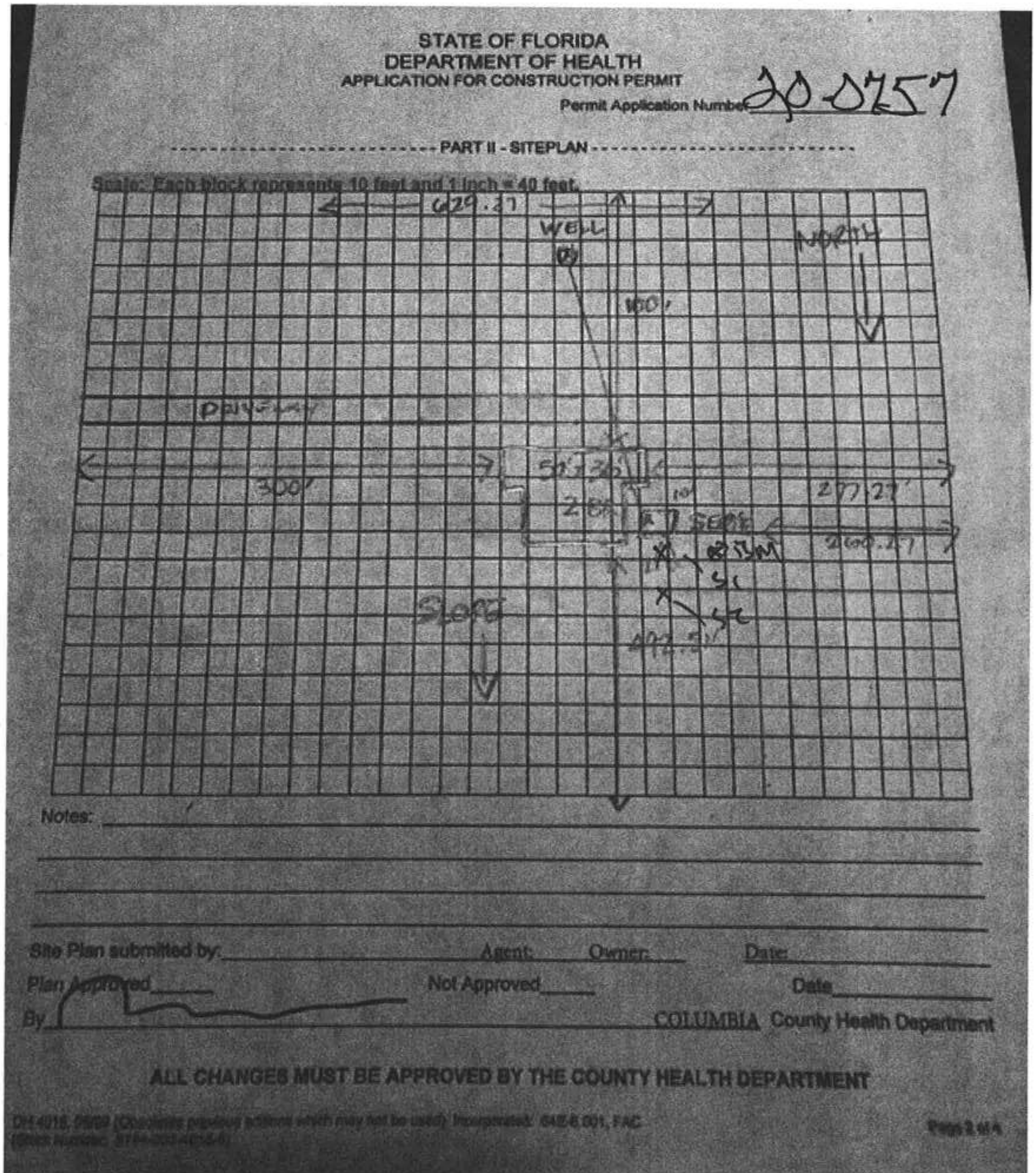
[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: _____

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Mobley, Sally J

From: Natalia Scott <natalihirn@icloud.com>
Sent: Friday, September 18, 2020 11:12 AM
To: Mobley, Sally J
Subject: Re: 200 SW SIGNAL CT GRAPH



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Permit Application Number 20-0757

PART II - SITEPLAN

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

Notes:

Site Plan submitted by: ______ Agent: Owner: Date:

Plan Approved ______ Not Approved ______ Date ______

By ______ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Page 2 of 4

Sent from my iPhone

APPROVED
Columbia CHD
9/24/20

On Sep 18, 2020, at 8:14 AM, Mobley, Sally J <Sally.Mobley@flhealth.gov> wrote:

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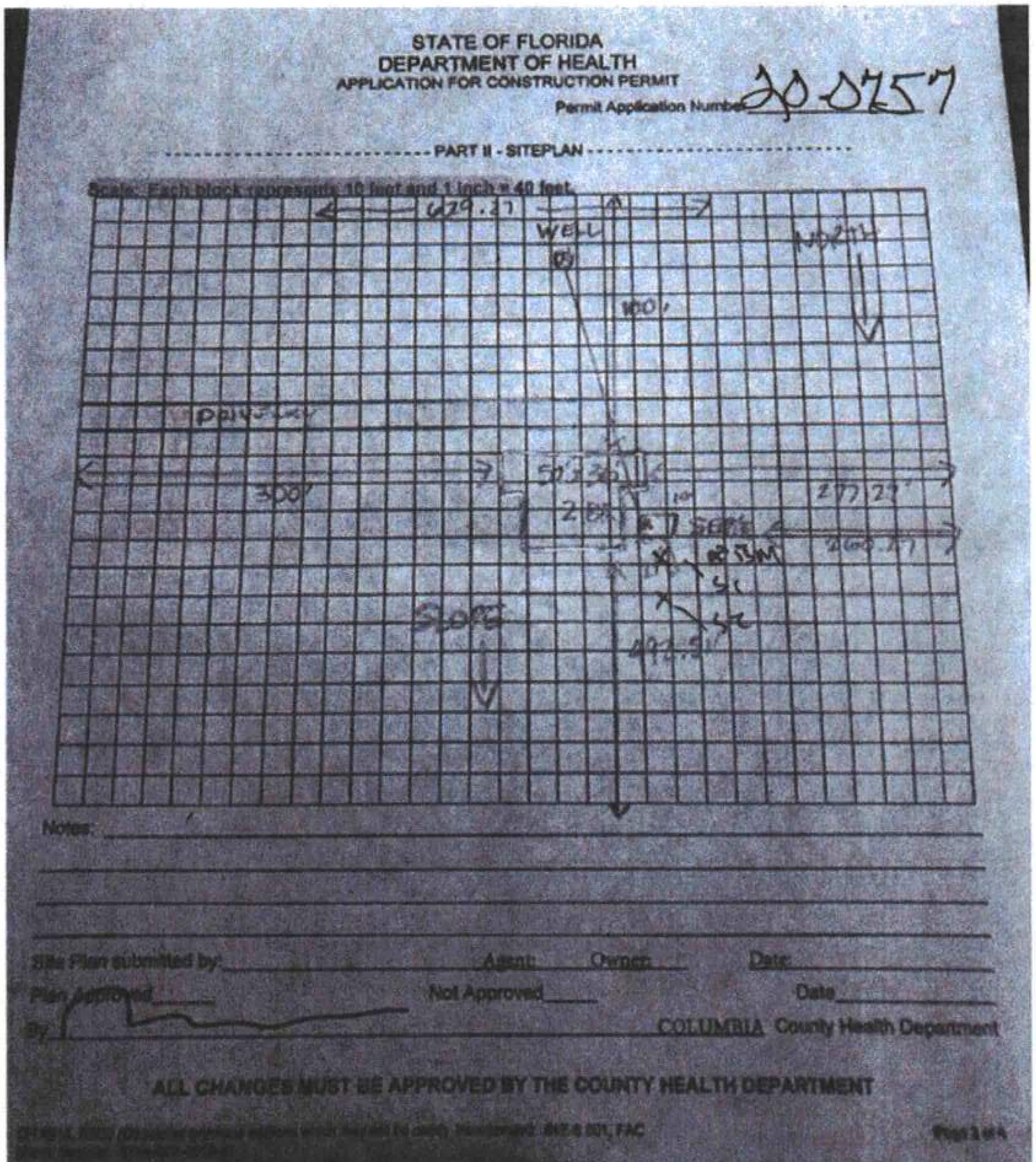

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