	For Office Use Only (Revised 7-1-15) Zoning Official LW CH Building Official Just				
!	AP# 43787 Date Received 10/11/19 By UH Permit # 38827				
١	Flood Zone Development Permit Zoning 4-5 Land Use Plan Map Category Aq				
'	Comments				
_	FEMA Map# Elevation Finished Floor Labore				
	DOT Approval Parent Parcel #				
	Ellisville Water Sys Assessment Paid on Property □ Out County □ In County □ Sub VF Form				
L	C C C C C C C C C C C C C C C C C C C				
Pro	operty ID #03-6S-16-03766-104 Subdivision Appalachee Trace UnrecLot#4				
•	New Mobile Home WH Size 32 x 56 Year 2019				
	Applicant Dale Burd Phone # 386-365-7674				
•	Address 20619 County Road 137, Lake City, FL, 32024				
•	Name of Property Owner Adria Knox Phone# 352-231-7185 911 Address 498 SW Appalachee Ter. Authore fc 32038				
	911 Address 498 SW Appalachee Tor full hofe fc 32038				
•	Circle the correct power company - <u>FL Power & Light</u> - (<u>Clay Electric</u>) (Circle One) - <u>Suwannee Valley Electric</u> - <u>Duke Energy</u>				
	Name of Owner of Mobile Home Jonita Knox Phone # 352-231-7185				
	Address 398 SW Appalachee Terr, Fort White, FL, 32038				
	Relationship to Property Owner				
	Current Number of Dwellings on Property 1				
	Lot Size 584 x 850 Total Acreage 10.01				
•	Do you : Have Existing Drive (Currently using) Or need Culvert Permit (Putting in a Culvert) Or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)				
	Is this Mobile Home Replacing an Existing Mobile HomeNo				
•	Driving Directions to the Property SR 47 South TL SW Herlong, TL Appalachee Terr, 4th lot on left				
-	Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203				
	Installers Address 6355 SE CR 245, Lake City, FL, 32025				
•	License Number IH-1025386 Installation Decal # 61835				

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

911 Address where home is being installed. These worksheets must be completed and signed by the installer. Submit the originals with the packet. Manufacturer Typical pier spacing I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home Robert Shappard B MUIT CA 台 lapare longthurbrial Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 王をおまたら arrago wai piers within 2' of end of homo politicals 15C Length x width installer's initials E E License # IH1025-386 X 22 capacity Bulleen Home is installed in accordance with Rule 15-C Home installed to the Manufacturer's Installation Manual New Hame Perimeter pier pad size interpolated from Rute 15C-1 pier spacing table. Double wide Single wide List all marriage wall openings greater than 4 foot and their pier pad sizes below Other pler pad sizes (required by the mfg.) l-beam pier pad size Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Officer // 01 V Triple/Quad Longitudinal Stabilizing Device (LSD) 1500 psi 2000 psi 2600 psi Opening Draw the approximate locations of marriage wall openings 4 fool or greater. Use this symbol to show the piers. (eq ln) Fooler 820 TIEDOWN COMPONENTS 16" x 16" PIER SPACING TABLE FOR USED HOMES त् PIER PAD SIZES Q (250)Used Home Serial # Installation Decal # Wind Zone II 18 1/2" x 18 1/2" (342) Pier pad size 16216 32.KL1 20" × 20" (ASO) Wind Zone III 22" × 22" (484) 4# within 2' of end of home spaced at 5' 4" oc Marriage wal Shearwall Sidewall യ്യരു ongitudinal POPULAR PAD SIZES ᅃᄜ 13 1/4 × 28 20 × 20 7 3/16 × 25 Pad Size 16 x 16 16 x 18 18 5 x 18 8 16 x 22.5 24 × 24 26 × 26 1/2 x 25 1/2 24" X 24" OTHER TIES 19256 FRAME TIES (576) ANCHORS 5 ₽ प् 26" x 26" (676)

COLUMBIA COUNTY PERMIT WORKSHEET

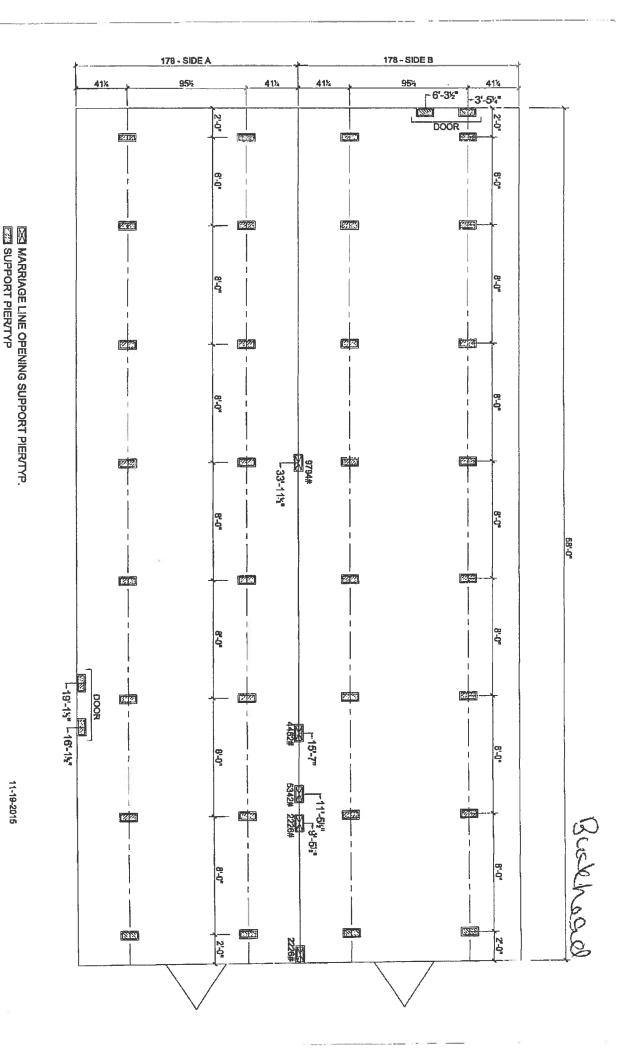
page
h.)
0
N

The stand	Connect all sewer drains to an existing sewer tap or septic tank. Pg
	Piumbing
Installer verifies all information given with this permit worksheet	Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 25
CURCI	Electrical
Skirting to be installed. Yes No N/A Dryer vert installed outside of skirting. Yes N/A Range downflow vent installed outside of skirting. Yes N/A Drain lines supported at 4 foot intervals. Yes President crossovers protected. Yes	Installer Name Robert Shepford Date Tested 10/8/19
Woatherproofing The bottomboard will be repaired and/or laped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes Miscellansous	Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 b holding capacity. Installer's initials
Type gasket Form Installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes	TORQUE PROBE TEST The results of the torque probe test is 200 Inch pounds or check here if you are declaring 5' enchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.
n unpersigned a probany material glasses, is a requirement of an income nomes and that condensation, mold, meldew and buckled marriags walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installed initials	reading and round down to that increment. X X X
Gasket (westerprodup requirement)	 Take the reading at the depth of the footer. Using 500 lb. Increments, take the lowest
s a min. 30 gauge, 8" wide, gu dover the peak of the roof and dover the peak of the roof and	POCKET PENETROMETER TESTING METHOD 1 Test the perimeter of the frome at 6 locations.
Type Fastener: 1995 Length:	
Debris and organic material removedOtherOther	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing.
Sita Preparation	

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

Installer Signature

Date 10/8/15



Live 3-BEDROOM / 2-BATH MODEL: S-3583A-SVS -Oak Homes 32 X 58

MAIN ELECTRICAL

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS. - FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC. - FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

11-19-2015

- ELECTRICAL CROSSOVER
- (A) MAIN ELECTRICAL OF
 (B) ELECTRICAL OF
 (C) WATER INLET
 (D) WATER CROSS
 (E) GAS INLET (IF A
 - WATER CROSSOVER (IF ANY)
 - GAS INLET (IF ANY)

GAS CROSSOVER (IF ANY)

- (G) DUCT CROSSOVER
 (H) SEWER DROPS
 (I) RETURN AIR (W/OPT.
) SUPPLY AIR (W/OPT.
- RETURN AIR (W/OPT, HEAT PUMP OH DUCT) SUPPLY AIR (W/OPT, HEAT PUMP OH DUCT)

S-3583A-SVS

Parcel: 03-6S-16-03766-104

Owner & Pi	operty Info	Result: 3 of 7	
Owner	KNOX CHARLES L & ADRIA L 398 SW APPALACHE TER FT WHITE, FL 32038		
Site	398 APPALACHEE TER, FORT WHITE		WHITE
Description*	LOT 4 APPALACHIE TRACE UNR: COMM S COR OF SE1/4, RUN N 1538.67 FT FOR PO CONT N 565.49 FT, E 692.36 FT TO W R/W PRIVATE RD, S 16 DEG E ALONG W LINE 584.29 FT, W 850.30 FT TO POB. ORB 842-1201.		T FOR POB, O W R/W OF W LINE
Area	10.01 AC	S/T/R	03-68-16
Use Code**	IMPROVED A (005000)	Tax District	3

^{*}The <u>Description</u> above is not to be used as the Legal Description for this

parcel in any legal transaction.
**The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property &	Assessment \	/alues	
2018 Certified Values		2019 Preliminary Certified	
Mkt Land (3)	\$7,748	Mkt Land (3)	\$9,748
Ag Land (1)	\$2,160	Ag Land (1)	\$2,160
Building (1)	\$47,600	Building (1)	\$52,725
XFOB (2)	\$2,000	XFOB (2)	\$2,000
Just	\$97,434	Just	\$104,559
Class	\$59,508	Class	\$66,633
Appraised	\$59,508	Appraised	\$66,633
SOH Cap [?]	\$304	SOH Cap [?]	\$6,345
Assessed	\$59,204	Assessed	\$60,288
Exempt	HX H3 OTHER \$34,704	Exempt	HX H3 OTHER \$35,788
Total Taxable	county:\$24,500 city:\$24,500 other:\$24,500 school:\$33,704	Total	county:\$24,500 city:\$24,500 other:\$24,500 school:\$34,788

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	BER	CONTRACT	OR Robert Sheppard	PHONE 386-623-2203
		THIS FORM MUST BE SUBMITTED	PRIOR TO THE ISSUANCE OF A PERN	1iT
			Jonita	a Knox
records of the si Ordinance 89-6, exemption, gene Any changes, th	ubcontractor, , a contractor eral liability in ne permitted	s who actually did the trade spends shall require all subcontractonsurance and a valid Certificat contractor is responsible for t	work at the permitted site. It is becific work under the permit. It is to provide evidence of work e of Competency license in Co the corrected form being subm s will result in stop work orde	Per Florida Statute 440 and sers' compensation or lumbia County.
ELECTRICAL	Print Name	Glenn Whittington	Signature	
	License #:	EC 13002957 Qualifier Form A	Phone #: 386-79	92-1700
	/	Qualifier Form A	ittacrieu 🔼	W/ A
MECHANICAL/	Print Name	Michael Boland	Signature	
A/C	License #:	CAC1817716	Phone #: 352-27	4-9326
		Qualifier Form A	ttached X	
Qualifier Forms	s cannot be	submitted for any Specialty	License.	
Specialty Lic	ense Li	icense Number Sub-Conti	ractors Printed Name	Sub-Contractors Signature
MASON				

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015

CONCRETE FINISHER



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIT	ER AUTHORIZATION
1 ///chap/ A DO/AND	(license holder name), licensed qualifier
Acre All Cocala	111
for MCh H/C D CAME	(company name), do certify that
the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro	m is/are contracted/hired by me, the license ough an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined	in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco	d control and is/are authorized to purchase and
	and actor verification forms on my bendin.
Printed Name of Person Authorized	Signature of Authorized Person
1. DAIR Exel	1.675
2 Krilly Bishop	2. Kelly Boshop
3. Rock Ford	3. (ah))
4.	4.
5.	5.
I, the license holder, realize that I am responsible	o for all posmite aurobased and all work does
under my license and fully responsible for compl	liance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State are authority to discipline a license holder for violatic	nd County Licensing Boards have the power and
officers, or employees and that I have full respon	
and ordinances inherent in the privilege granted	by issuance of such permits.
If at any time the person(s) you have authorized	is/are no longer agents, employee(s), or
officer(s), you must notify this department in writt authorization form, which will supersede all previ	ing of the changes and submit a new letter of
unauthorized persons to use your name and/or li	
100 d Board	DANBURDIN & FEIMANA
Licensed Qualifiers Signature (Notarized)	License Number Date / 17/16
	1111/16
NOTARY INFORMATION: STATE OF: COUNTY OF:	maico
The above license holder, whose name is <u>Mic</u>	me or has produced identification
personally appeared before me and is known by (type of I.D.) on	this day of Nemoci, 20
1	
TABLE TOO	(CastiStana)
NOTAL SOCIAL OF	(Seal/Stamp)
	AMANDA FLOOD
	MY COMMISSION # FF 106012 EXPIRES: April 5, 2018
	Bonded Thru Notary Public Lindeneriters



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

· Class William stow	(license holder name), licensed qualifier			
1. GRAN WITTINGTON ELKEKIC S	(ilicense riolder frame), ilicensed qualific			
П	•			
the below referenced person(s) listed on this form holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined it person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontains.	ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and intractor verification forms on my behalf.			
Printed Name of Person Authorized	Signature of Authorized Person			
1. DAR SUR	1			
2. Recky Ford	2. Jones))			
3.	3.			
4.	4.			
5.	5.			
I, the license holder, realize that I am responsible under my license and fully responsible for compl Local Ordinances. I understand that the State are authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted. If at any time the person(s) you have authorized officer(s), you must notify this department in write authorization form, which will supersede all prevunauthorized persons to use your name and/or I	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or ing of the changes and submit a new letter of ious lists. Failure to do so may allow			
NOTARY INFORMATION: STATE OF: FL COUNTY OF: Columbia				
The above license holder, whose name is	me or has produced identification this day of ABUS R BISHOP Notary Public - State of Florida Commission # FF 243986			

Parcels

2018 Flood Zones

■ 0.2 PCT ANNUAL CHANCE

■А

a AE

AH

Roads

Roads

others

Dirt

Interstate

🧼 Main

Other

PavedPrivate

Lake City

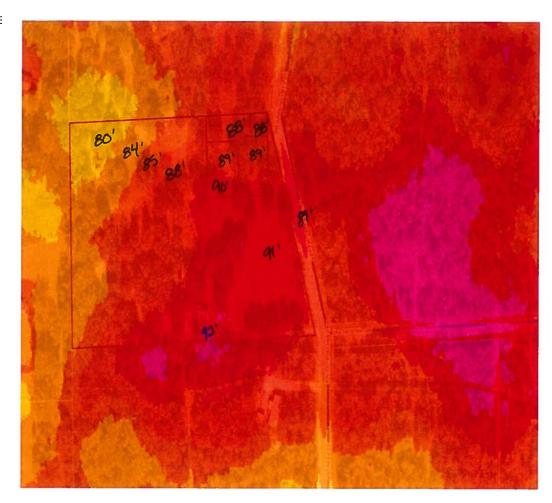
Lake City

2018Aerials

LidarElevations



Printed: Thu Oct 24 2019 10:23:24 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 03-6S-16-03766-104

Owner: KNOX CHARLES L & ADRIA L

Subdivision: APPALACHIE TRACE UNR

Lot: 4

Acres: 10.0116243

Deed Acres: 10.01 Ac

District: District 5 Tim Murphy

Future Land Uses: Agriculture - 3

Flood Zones:

Official Zoning Atlas: A-3

All data, information, and maps are provided as is without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implies warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:

10/14/2019 7:39:36 PM

Address:

498 SW APPALACHEE Ter

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

03766-104

REMARKS: Address for proposed structure on parcel. 2nd address for this parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com

AFFIDAVIT AND AGREEMENT OF SPECIAL TEMPORARY USE FOR IMMEDIATE FAMILY MEMBERS FOR PRIMARY RESIDENCE

STATE OF FLORIDA COUNTY OF COLUMBIA Inst: 201912024118 Date: 10/17/2019 Time: 2:55PM Page 1 of 2 B: 1396 P: 1792, P.DeWitt Cason, Clerk of Court Columbia, County, By: BD

Deputy Clerk

BEFORE ME the undersigned l	Notary Public	personall	y appeared.
-----------------------------	---------------	-----------	-------------

Joni home to the	Adria Knox, the Owner of the parcel which is being used to place an additional ing (mobile home) as a primary residence for a family member of the Owner, and ta Knox, the Family Member of the Owner, who intends to place a mobile as the family member's primary residence as a temporarily use. The Family Member is related Owner as Daughter, and both individuals being first duly sworn according to law, see and say:
1.	Family member is defined as parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child or grandchild.
2.	Both the Owner and the Family Member have personal knowledge of all matters set forth in this Affidavit and Agreement.
3.	The Owner holds fee simple title to certain real property situated in Columbia County, and more particularly described by reference with the Columbia County Property Appraiser Tax Parcel No. <u>03-6S-16-03766-104</u>
4.	No person or entity other than the Owner claims or is presently entitled to the right of possession or is in possession of the property, and there are no tenancies, leases or other occupancies that affect the Property.
5.	This Affidavit and Agreement is made for the specific purpose of inducing Columbia County to issue a Special Temporary Use Permit for a Family Member on the parcel per the Columbia County Land Development Regulations. This Special Temporary Use Permit is valid for5_ year(s) as of date of issuance of the mobile home move-on permit, then the Family Member shall comply with the Columbia County Land Development Regulations as amended.
6.	This Special Temporary Use Permit on Parcel No. <u>03-6S-16-03766-104</u> is a "one time only" provision and becomes null and void if used by any other family member or person other than the named Family Member listed above. The Special Temporary Use Permit is to allow the named Family Member above to place a mobile home on the property for his primary residence only. In addition, if the Family Member listed above moves away, the mobile home shall be removed from the property within 60 days of the Family Member departure or the mobile home is found to be in violation of the Columbia County Land Development Regulations.

7. The site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building.

- 8. The parent parcel owner shall be responsible for non ad-valorem assessments.
- 9. Inspection with right of entry onto the property, but not into the mobile home by the County to verify compliance with this section shall be permitted by owner and family member. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section.
- 10. The mobile home shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- 11. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- 12. Upon expiration of permit, the mobile home shall be removed from the property within six (6) months of the date of expiration, unless extended as herein provided by Section 14.10.2 (#7).
- 13. This Affidavit and Agreement is made and given by Affiants with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

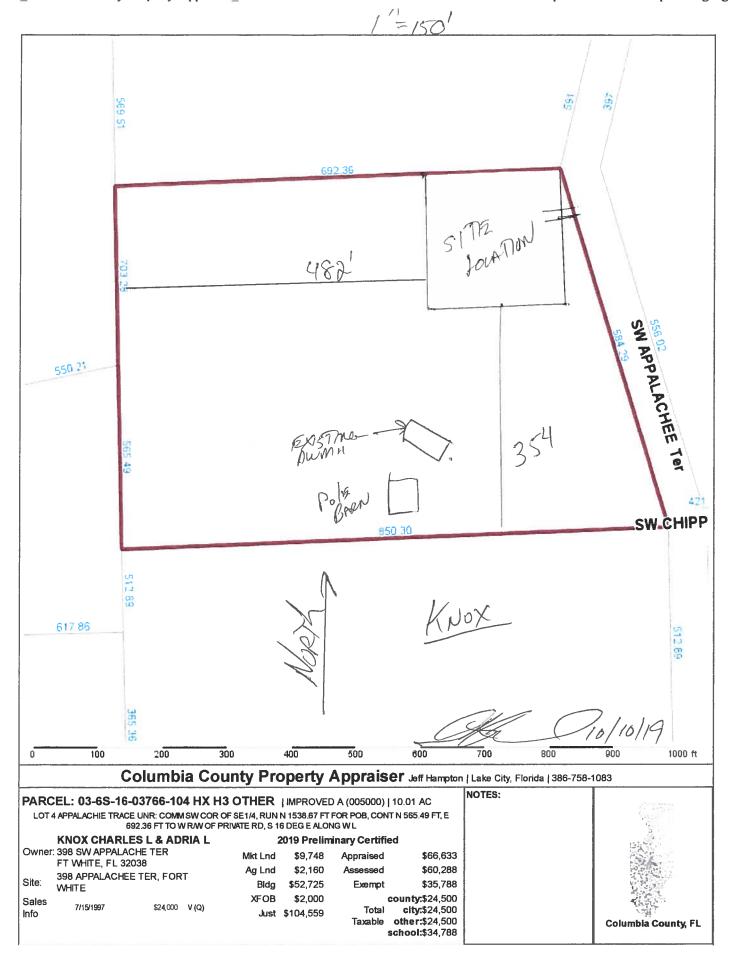
Florida law for perjury inclu	ide conviction of a f	elony of the third degree.
We Hereby Certify that the facts accept the terms of the Agreeme Owner		in this Affidavit are true and correct and we mply with it. Family Member
Adria Knox		Jonita Knox
Typed or Printed Name	Ty	ped or Printed Name
Fortill Kroy (Owner	er) who is personal as identification. Dale R. NOTAF STATE Comm	his day of CT, 20/G, by ly known to me or has produced Burd RY PUBLIC OF FLORIDA # GG231750 is 7/16/2022
Subscribed and sworn to (or affi		his $\sqrt{0}$ day of \sqrt{CT} , $20/7$, by
Family (Family	y Member) who is r	personally known to me or has produced
	ntification.	· ·
AL O	D-1 - D -	
Notary Public	Dale R. Burd NOTARY PUBLIC	COLUMBIA COUNTY, FLORIDA
	STATE OF FLORIDA	1: 11: 11:
	Comm# GG231750	By: Lig Williams STOR
WCE 1910	Expires 7/16/2022	Name: Jiga Williams

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	1	Permit Application Number						
Kuox	KNOX	P/	ART II - SITE	PLAN	+O			
Scale: 1 inch = 40 fee	t.							
	91/2		10 2°	3 BR 1 2 C 56 29'2'		DRIVE	210	
		Most		, old	WELL			
Notes:	10£10.0	1 Acres	Spr	ATTAChis	J			
Cito Dian outpritted by			7/1/	10/16		CONTRACTO	———	
Site Plan submitted by Plan Approved		No	ot Approved_			Date		
Ву						County Health Depart	ment	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road Lake City, FL, 32055

(O) 386-758-3409

(F) 386-758-3410

(C) 386-623-3151

10/10/2019

To: Columbia Cour	nty Building Depart	tment	
Description of well to be ins	stalled for Custome	r: 7	Krus
Located at Address:	SW Appr	Alrehan Track	Fal
1 hp 15 GPM Submersible flow prevention, With SRW	<u> </u>	ipe, 86 gallon capt	tive tank and back
Kruefark			
Sincerely			
Rruce Park			

President

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATIO	ON FOR ONSITE SEWAGE DISPOSAL	
C. Knox	PART II - SITEPL	AN
Scale: 1 inch = 40 feet.	210'	
	102'	00154 DRIVE 780 50 Ft. 78'
971 _{0,}		12 95 well
	12	107'
Notes:		
Site Plan submitted by: Plan Approved By	Not Approved_	MASTER CONTRACTOR Date 1012119 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO.	19-1291
DATE PAID:	10/04/19
FEE PAID:	310.08
RECEIPT #:	1449909

APPLICATION FOR: [X] New System [] Ex [] Repair [] AM							
APPLICANT: Charles Knox							
AGENT: ROCKY FORD, A & B CONS	STRUCTION				TELE	PHONE	E: <u>386-497-2311</u>
MAILING ADDRESS: 546 SW Dorto	ch Street, B	TT. WHITE,	FL,	32038			
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	T TO 489.105 D PROVIDE DO	5(3)(m) OR OCUMENTATIO	489. N OI	552, FLOR	RIDA S E THE	TATUT LOT W	TES. IT IS THE WAS CREATED OR
PROPERTY INFORMATION							
LOT: 4 BLOCK: NA	SUB: Appala	chie Trac	8		W	212	PLATTED:
PROPERTY ID #: 03-6S-16-037	66-104	ZONING	G: _	I	/M OR	EQUI	VALENT: [Y /N]
PROPERTY SIZE: 10.01 ACRES	WATER SUPPI	LY: [X] PR	IVA	TE PUBLIC	[]	<=200	00GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381	L.0065, FS?	[Y /N]		D	ISTAN	CE TO	SEWER: NA FT
PROPERTY ADDRESS: 398 Appala	che Terr E	Fort White	FL				
DIRECTIONS TO PROPERTY: 47 S	outh Left	on Herlong	Le	ft on Ap	palac	he Te	err to address
BUILDING INFORMATION	[X] RESID	ENTIAL		[] COM	ŒRCIA	L	
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Cor	mercial/1 ole 1, Cha	instit opter	ution 64E-6	al System Design
1			11				
SF Residential2	3	1720	_	rela tur	50	راح ر	exection
3							
[] Floor/Equipment Drains	[] Oth	er (Specify	z) _				
SIGNATURE: Kocky D7	0		JE		D	ATE:	10/21/2019

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