



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

PERMIT NO. 21-0440
DATE PAID: 7/29/21
FEE PAID: 68.00
RECEIPT #: 1699670

APPLICATION FOR:

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

APPLICANT: SUSANNA HETRICK

AGENT: N/A TELEPHONE: 352 215 7484

MAILING ADDRESS: 1932 SW COUNTY ROAD 18, FORT WHITE, FL 32038
susihetricks@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 #: 296317
09807-001 ZONING: A-3 I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10.1 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: 1932 SW COUNTY ROAD 18, FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: FROM US 441 TRAVEL WEST ON C.R. 18 TOWARD FT. WHITE 1.8 MILES TO 1932. ADDRESS # ON MAILBOX AND AT DRIVEWAY. PROPERTY IS ON SOUTH SIDE OF CR 18.

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>Home</u>	<u>3</u>	<u>1232/2640</u> ^{House with Porches}	<u>Existing</u>
2	<u>PUMP SHED</u>	<u>0</u>	<u>200</u>	<u>Existing</u>
3	<u>POLE BARN</u>	<u>0</u>	<u>1600</u> ¹²	<u>New</u>
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 07/19/2021

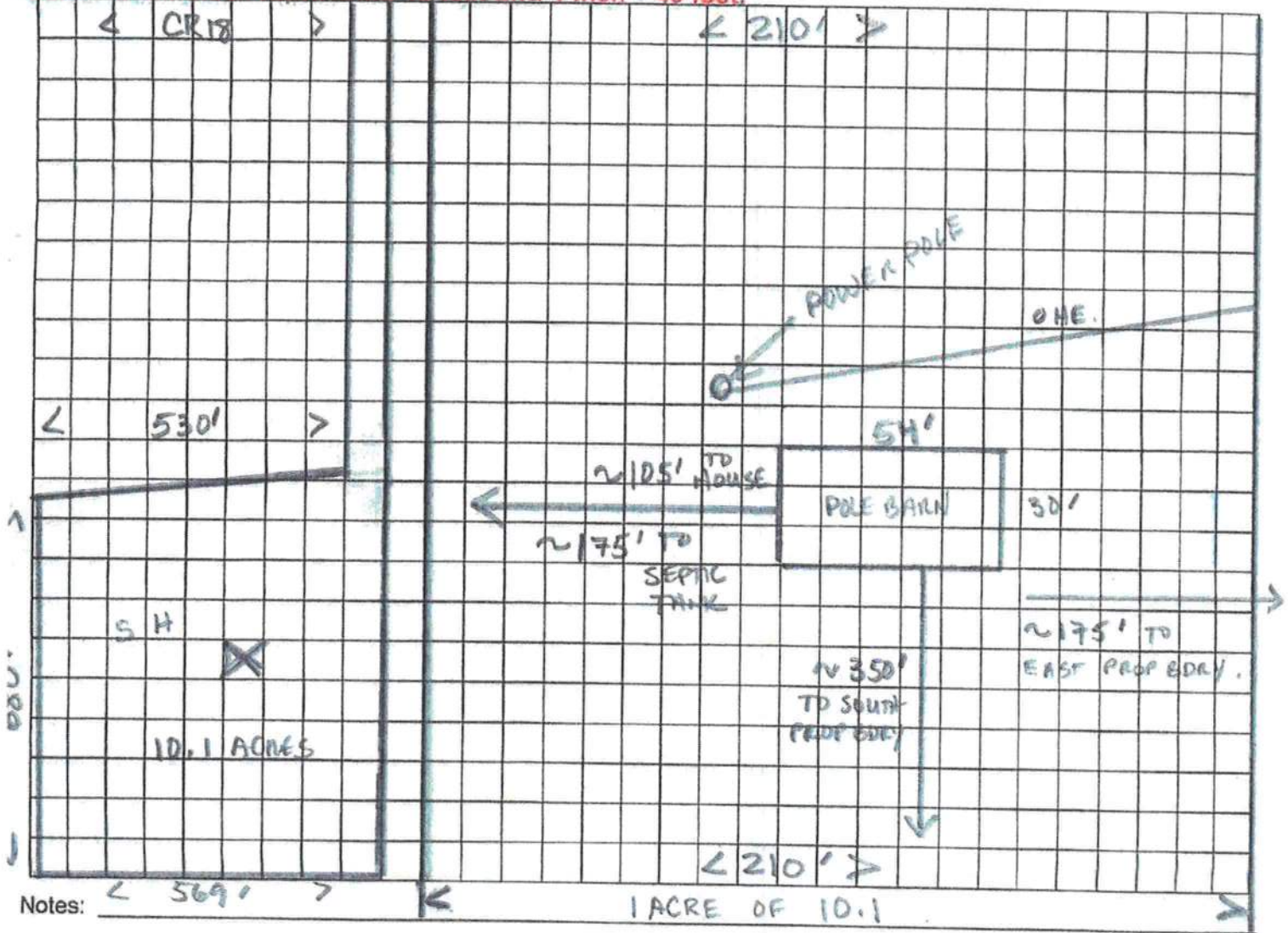
49832

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

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



Site Plan submitted by: SUSANNA ASTRICK TITLE OWNED DATE: 7/21/2021
Plan Approved _____ Not Approved _____ Date 7/21/21
By Kell R Chun County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT