

FW

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

PERMIT NO: 21-0890
DATE PAID: 10/26/21
FEE PAID: 425.00
RECEIPT #: 1759510

APPLICATION FOR:

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

APPLICANT: Rob & Tiffany McCall

(James Robert)

AGENT: Jim McCall

TELEPHONE: 352-262-8252

MAILING ADDRESS: 341 SW Courage Ct. Fort 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: 60 BLOCK: _____ SUBDIVISION: Shiloh Ridge PLATTED: _____

PROPERTY ID #: 16-7S-16-04226-160 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 341 SW Courage Ct. Fort White, Fl. 32038

DIRECTIONS TO PROPERTY: From US 27 south onto SW Fry Ave. then west onto SW Cumberland St.
then south onto SW Courage Ct. then east onto property.

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	Signal Family Residence	4	2689 living	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Jim McCall

DATE: 10/20/21

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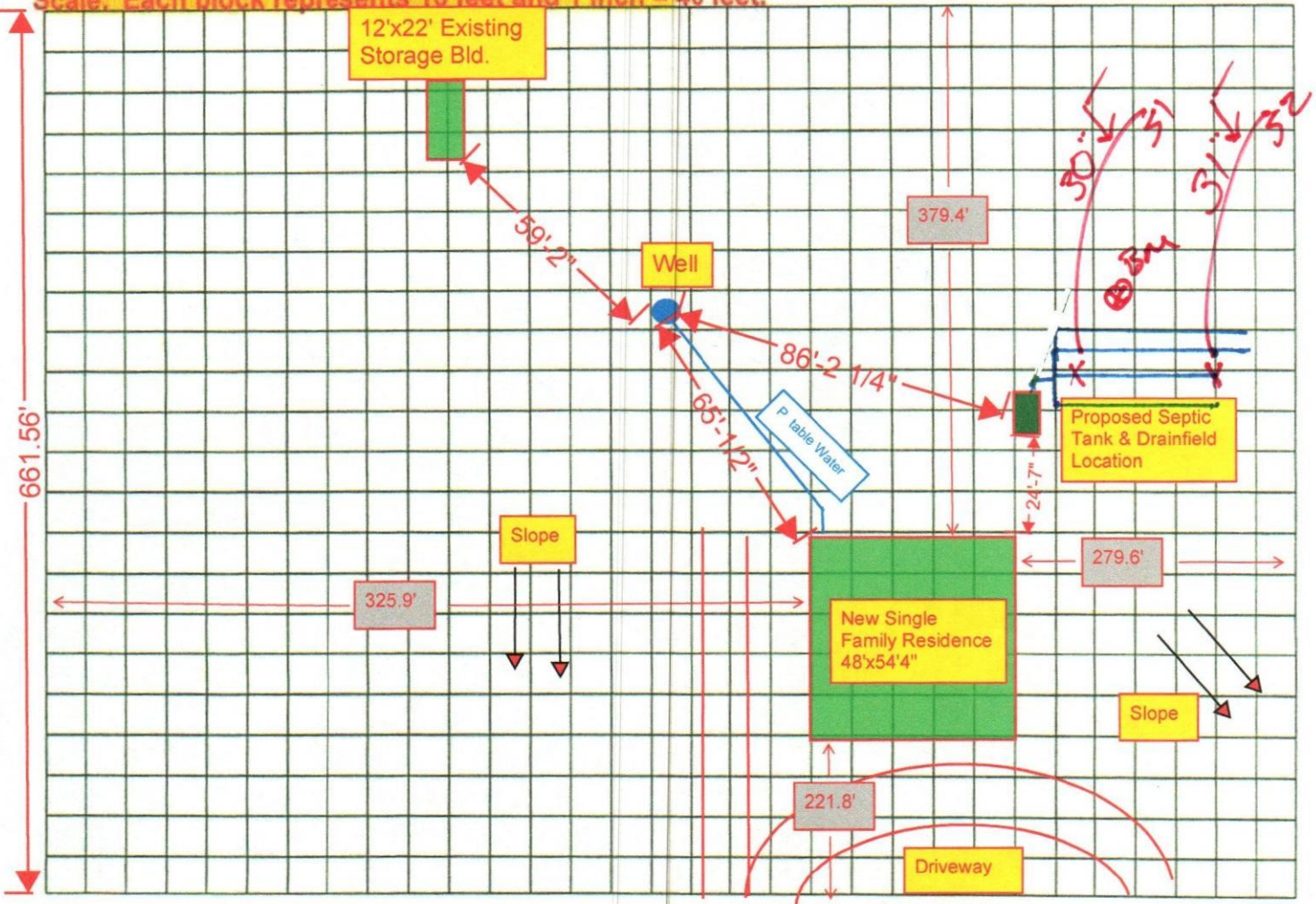
Permit Application Number

21-0890

660.42'

PART II - SITEPLAN

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



Notes:

Revised: 11/4/21
X: J. MacCall

Site Plan submitted by: J. MacCall

Agent: X

Owner:

Date: 10/20/21

Plan Approved X

Not Approved

Date 11/4/21

By [Signature]

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT