



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

PERMIT NO. 23-0462
DATE PAID: 6/20/23
FEE PAID: 60.00
RECEIPT #: AP1973129

APPLICATION FOR:

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

APPLICANT: David Flynn

AGENT: Chad Cunningham TELEPHONE: 386-755 2848

MAILING ADDRESS: 8390 SW Old Wire Rd 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 18-7S-17-10021-016 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 12.67 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 50 FT

PROPERTY ADDRESS: 192 SW River Rise Ct. Ft. White FL 32038

DIRECTIONS TO PROPERTY: 47 South → (D) on 27 → (D) on River Rise Ct. House on (D)

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>Swimming Pool</u>	<u>X</u>	<u>X</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) Swimming Pool

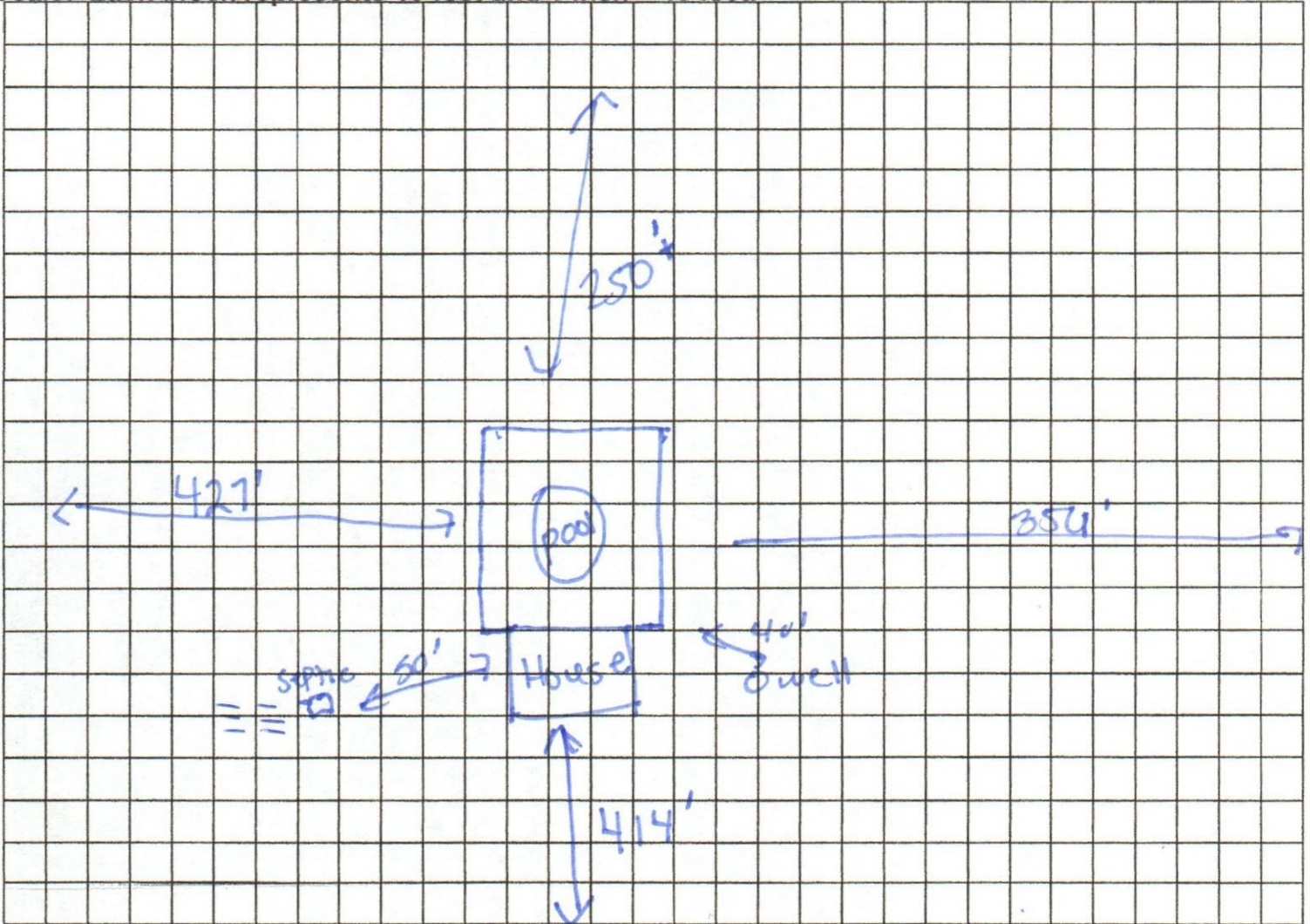
SIGNATURE: Katie Cunningham DATE: 5-31-23

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

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



Notes: _____

Site Plan submitted by: Katie Cerning Agent: X Owner: _____ Date: _____
Plan Approved ✓ Not Approved _____ Date 5-31-23
By Carandra Bonds EST Columbia 6/24/23 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT