



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

PERMIT NO. 22-0013
DATE PAID: 11/10/22
FEE PAID: 100.00
RECEIPT #: 1784916

APPLICATION FOR:

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

APPLICANT: WESLEY W. CALDWELL, JR

AGENT: _____ TELEPHONE: 813-760-6184

MAILING ADDRESS: 36926 SUWANEE WAY, DADE CITY, FL 33525
OR PO BOX 135, SAN ANTONIO FL 33576

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: 171 BLOCK: 18 SUBDIVISION: THREE RIVERS ESTATE PLATTED: _____
170

PROPERTY ID #: 00-00-00-0145-000 (3672) ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.83 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 113 FT

PROPERTY ADDRESS: 469 SW DELAWARE WAY, FORT WHITE FL 32038

DIRECTIONS TO PROPERTY: WEST FROM FORT WHITE APPROXIMATELY 7 MILES ON HWY 27. TURN ONTO REVERSIDE DR. TURN LEFT ONTO UTAH ST. TURN RIGHT ONTO WASHINGTON ST. TURN LEFT ONTO DELAWARE WAY.

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>Shed</u>	<u>—</u>	<u>30x60</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) NORTH & SOUTH WALLS TO HAVE FLOOD PANELS

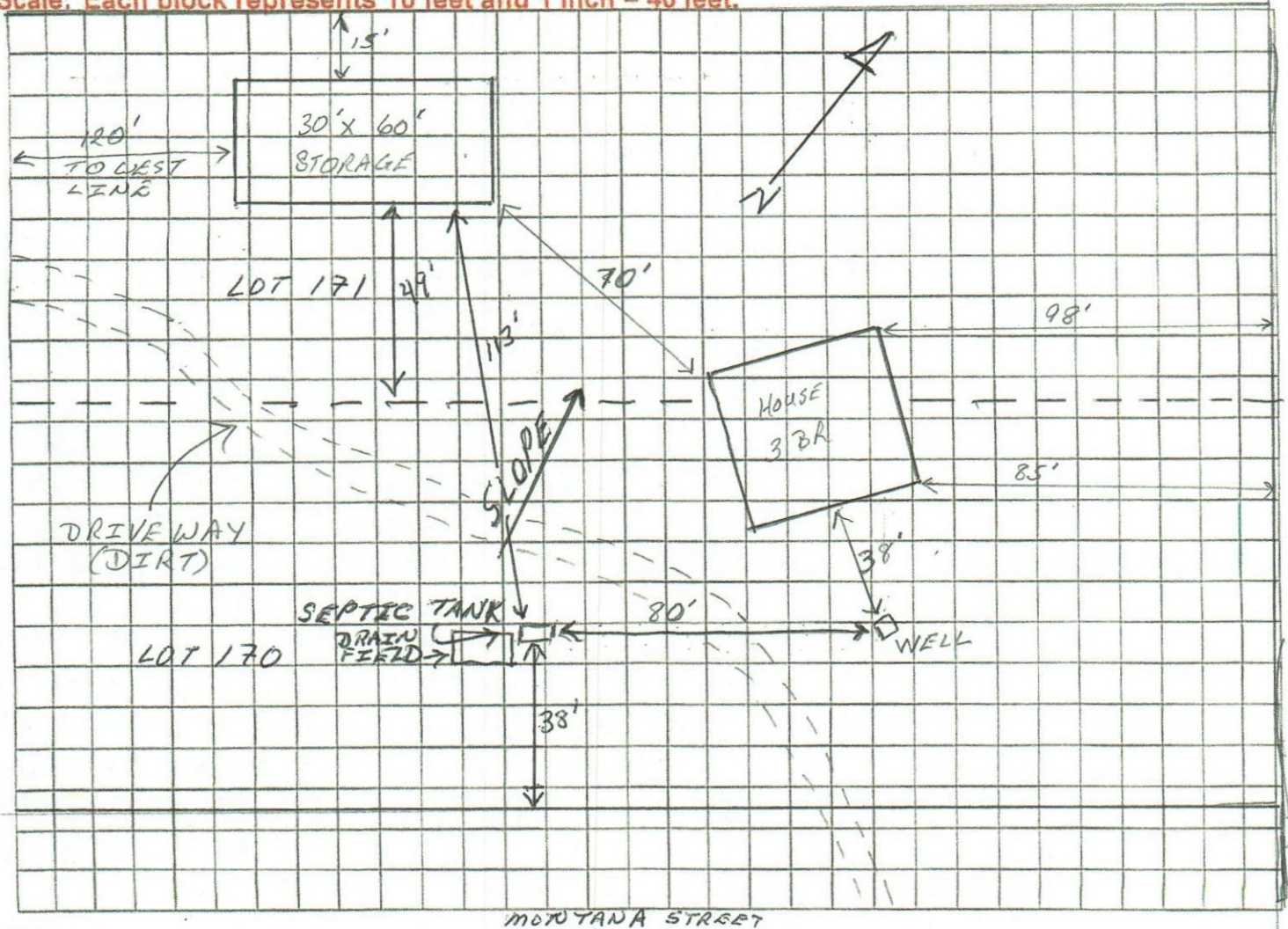
SIGNATURE: Wesley W. Caldwell DATE: _____

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

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



Notes: PROPOSE TO BUILD 30'x60' METAL STORAGE/GARAGE BUILDING ON NORTH SIDE OF LOT 171. NO SEPTIC SYSTEM OR WATER CONNECTIONS.

Site Plan submitted by: WESLEY W. CALDWELL TITLE OWNER DATE: 1/7/2022
Plan Approved X Not Approved _____ Date 1-18-22
By Sallie Ford Env Health Director County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT