



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

PERMIT NO: 20-0898  
DATE PAID: 11/13/20  
FEE PAID: 480.00  
RECEIPT #: 1400992

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT:

Tony Bielling

EMAIL:

provisionpermitting@gmail.com

AGENT:

Sonja Crews 863-517-5701

APPLICANT: 863-899-0336

MAILING ADDRESS:

Applicant: PO Box 211 Lake Hamilton, FL 33851  
AGENT:

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: 42 BLOCK: Unit 1 SUBDIVISION: Cedar Spring Shores PLATTED:

PROPERTY ID #: 18-75-16-04236-019 ZONING:  I/M OR EQUIVALENT: [ Y/N ]

PROPERTY SIZE: 1.15 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 242 SW Bluff Dr Ft White FL 32038

DIRECTIONS TO PROPERTY: Head south on SE Hernando R on SE Baer Dr,  
R on FL-475, R on Hollingsworth, R on SW Bluff Dr,  
property on L

BUILDING INFORMATION

[X] 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>Mobile Home</u>	<u>3</u>	<u>2,016 w/porch</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE:

Sonja Crews

DATE:

11-12-2020

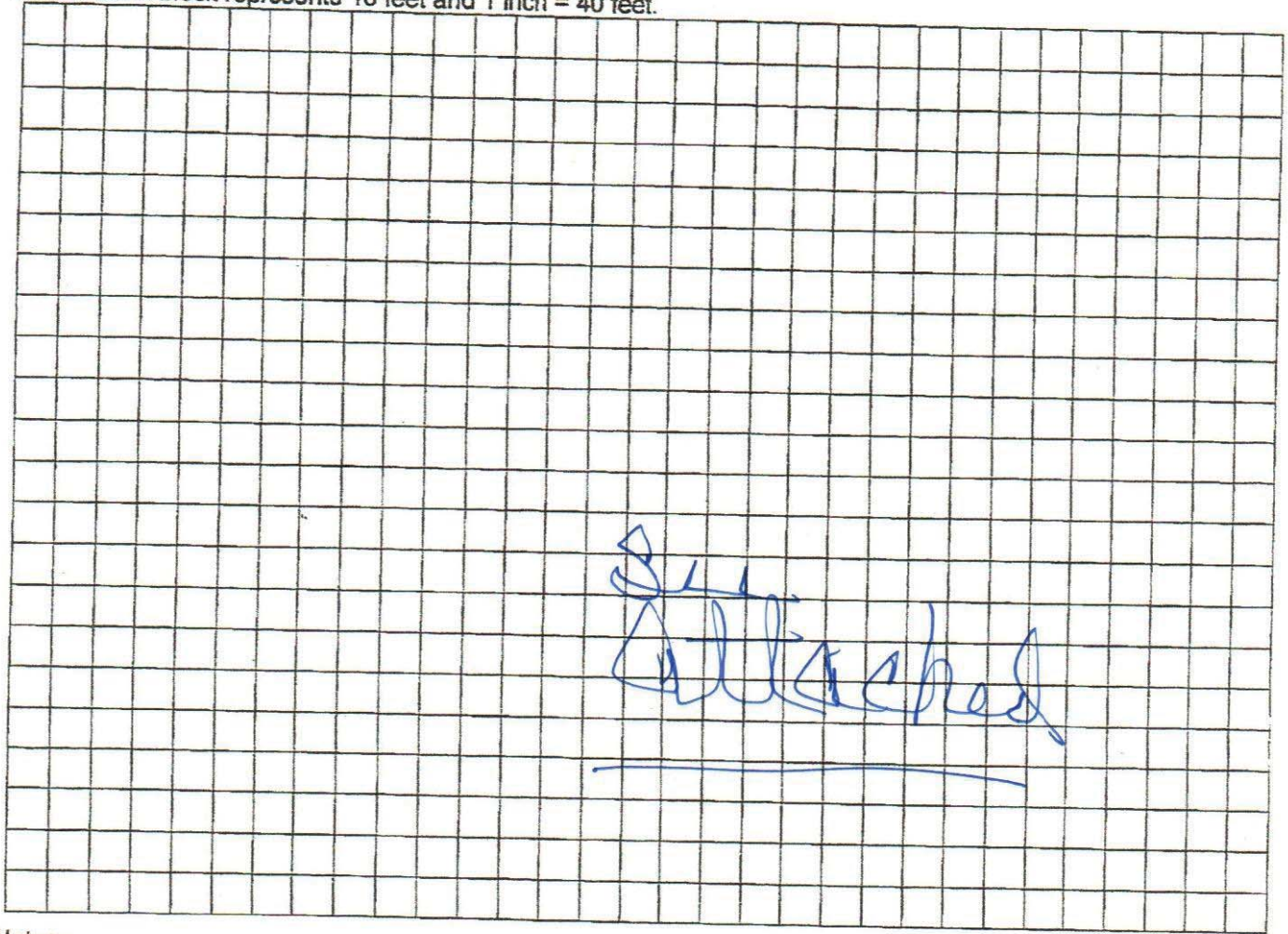


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Permit Application Number 20-0848

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: Sonic Crews

Plan Approved ☒

Not Approved ☐

Date 11/16/20

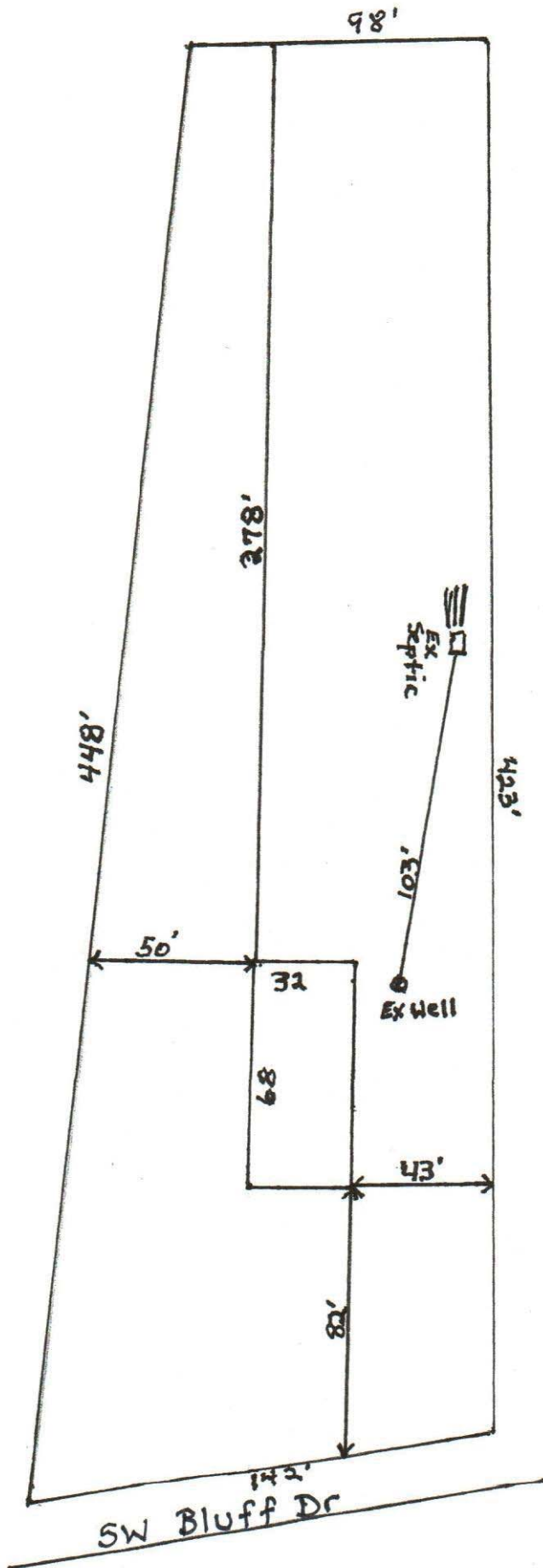
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0898

→ Z

1" = 50'



Columbia

Bielling