



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

PERMIT NO. 23-2060
DATE PAID: 1/19/23
FEE PAID: 600.00
RECEIPT #: 1920616

APPLICATION FOR:

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

APPLICANT: GARY DERMOTT

AGENT:

TELEPHONE: (603)-757-3341

MAILING ADDRESS: 426 SW BOSTON TER, FORT WHITE

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: 94 BLOCK: _____ SUBDIVISION: THREE RIVERS ESTATE PLATTED: _____

PROPERTY ID #: 00-00-00-01091-003 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .918 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: 426 SW BOSTON TER, FORT WHITE

DIRECTIONS TO PROPERTY: 475 to RIGHT ON 27 left on riverside, left on Utah, right on Washington, left on Boston

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>STORAGE BUILDING</u>	<u>0</u>	<u>614.83</u>	<u>20-0273</u>
2				
3				
4				

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

SIGNATURE: Gary E. Dermott

DATE: 1-19-2023

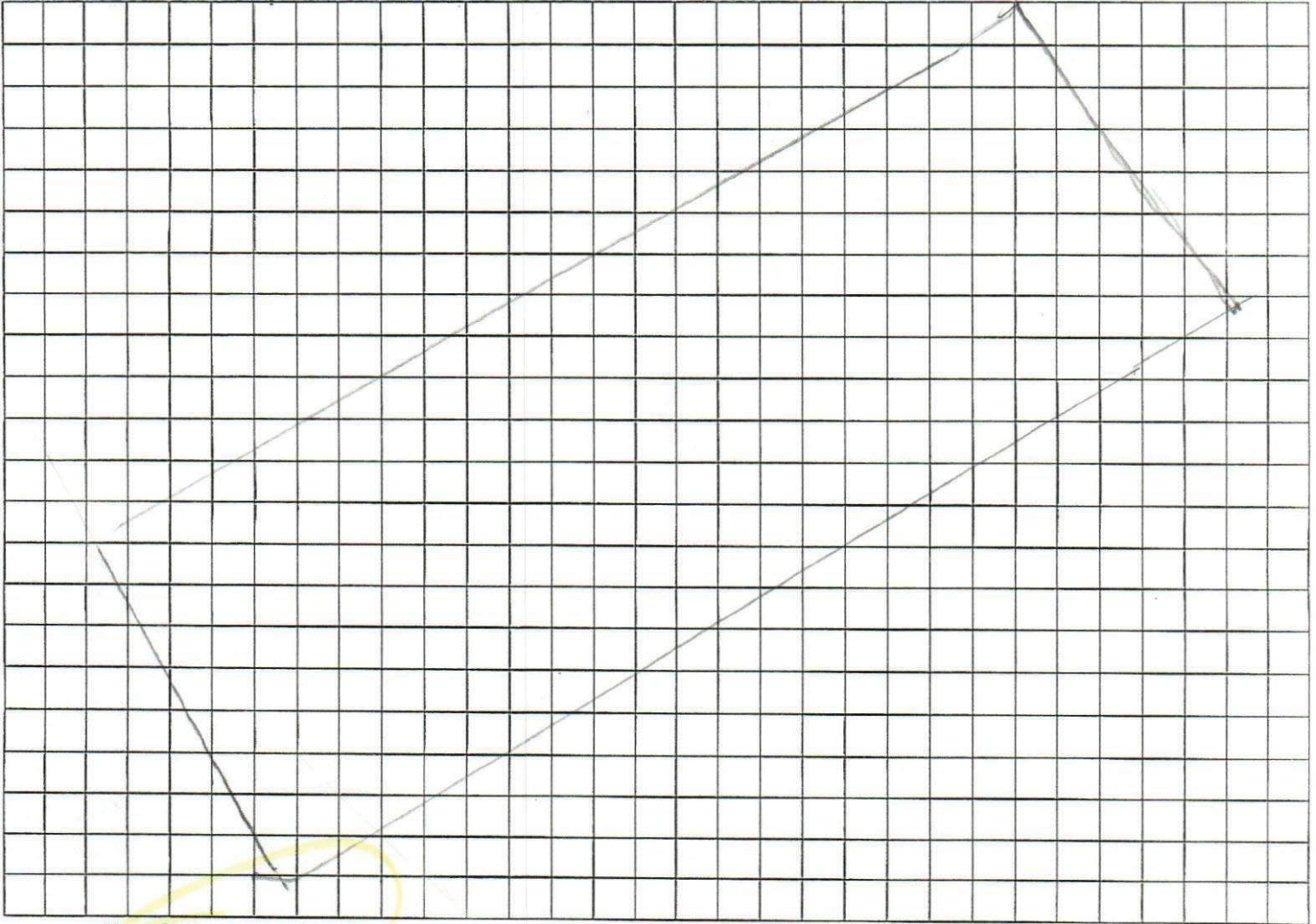
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0060

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

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



Notes: * SEE ATTACHED

Site Plan submitted by: X Gary Dermott

Date: 1-23-2023

Plan Approved X Not Approved _____

Date 1/26/23

By _____

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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NO ID
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EXTRA ABBREVIATION:
(F) FIELD, AS IN "FIELD MEASUREMENT".
(D) DEED, AS IN "DEED DIMENSION".
(P) PLAT, AS IN "PLAT DIMENSION".

LANDS OF
WILBERT V. ALICIA D. JONES
TAX PARCEL NO.
00-00-00-01091-000
LOT 93, "THREE RIVERS ESTATES
UNIT NO. 18"
NOT A PART

LANDS OF
SALVADOR M. MAGAS ET AL
TAX PARCEL NO.
00-00-00-01092-000
LOT 95, "THREE RIVERS ESTATES
UNIT NO. 18"
NOT A PART

N.28°15'34"W. 99.71'(F)
N.28°01'W. 100'(P)
LANDS OF
ROBERT C. AND MICHELLE KING
TAX PARCEL NO.
00-00-00-01119-000
LOT 127, THREE RIVERS ESTATES
UNIT NO. 18
NOT A PART

SIGNING SURVEYOR
MARK D. DURAN, S. 4709
1604 SW SISTERS MILCOME ROAD,
LAKE CITY, FL. 32025