



56

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

PERMIT NO. 11-0324  
DATE PAID: 8/13/12  
FEE PAID: \$10.00  
RECEIPT #: 1924038  
AP1080291

## APPLICATION FOR:

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

APPLICANT: Christopher & Tammi WilsonAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 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: 15 BLOCK: na SUB: Ichetucknee Wilderness (unr) PLATTED: \_\_\_\_\_PROPERTY ID #: 6-6S-16-03784-115 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 5.04 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FTPROPERTY ADDRESS: 520 SW Quarter Lane, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TR on Herlong, TR on Drew Feagle, TL on Quarter  
lane, 90 right, 90 left, then straight off end at next turn

## 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       | SF Residential        | 3               | 1901               |  |
| 2       |                       |                 |                    |  |
| 3       |                       |                 |                    |  |

☒ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_

SIGNATURE: Rocky D Ford DATE: 8/6/2012

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

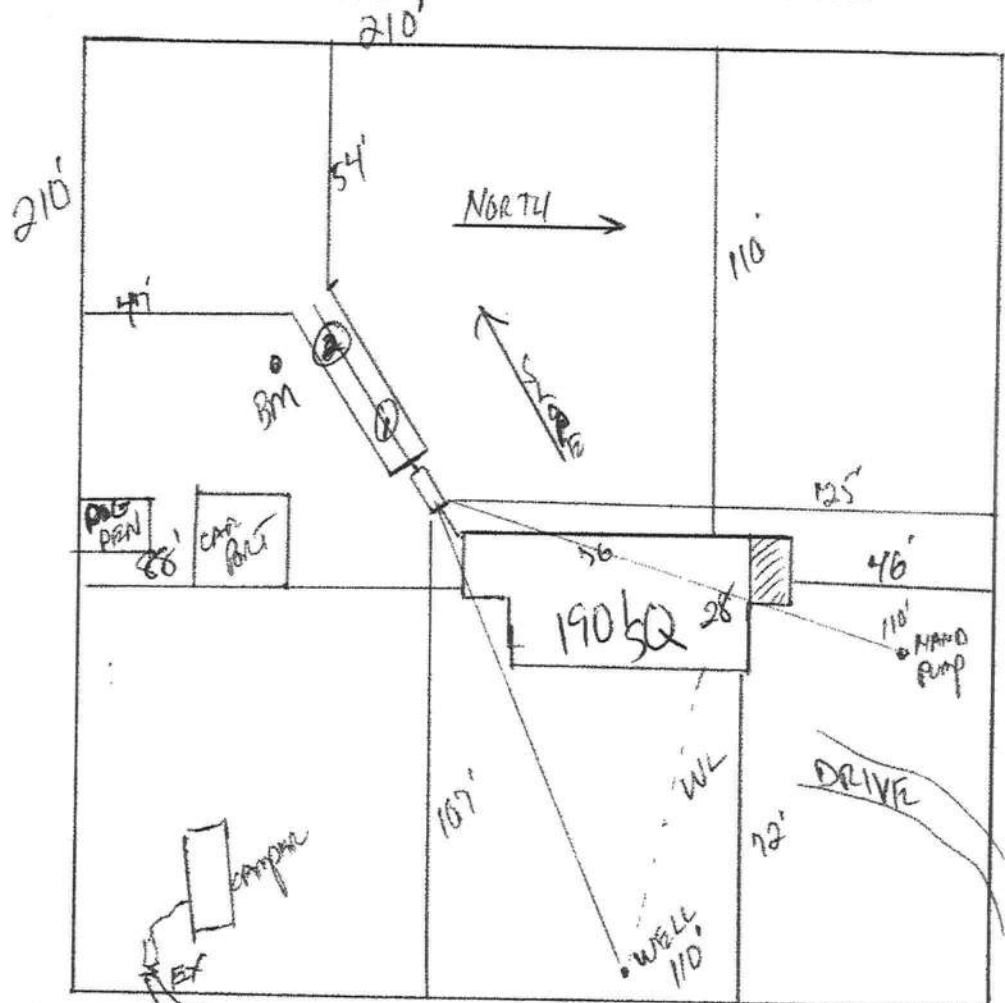
Permit Application Number \_\_\_\_\_

12-0374

cu / son

## - PART II - SITEPLAN

Scale: 1 inch = 40 feet.



**Notes:**

1 of 5.04 Acres SEE ATTACHED

**Site Plan submitted by:**

Rocky D F. O

MASTER CONTRACTOR

Plan ~~Approved~~

Not Approved

Date 5/16/20

By \_\_\_\_\_

Cebu

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

