



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

PERMIT NO. 21-0394
DATE PAID: 4/22/21
FEE PAID: 310.00
RECEIPT #: 1658314

APPLICATION FOR:

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

APPLICANT: Cody and Whitney Barrs

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 31-6S-17-09815-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 35 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 2772 County Road 18, Fort White, FL

DIRECTIONS TO PROPERTY: TL onto NW main Blvd, slight right onto FL-47S, TL to merge onto I-75 S, take exit 414, TR onto US-41S, TL onto County Rd 18

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	4	3575	
2	POOL			
3				

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

SIGNATURE: William D. Bishop II

DATE: 4/22/2021

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

Permit Application Number _____

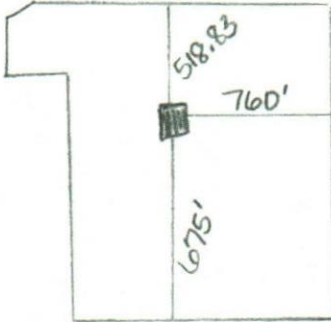
Barrs

Revision

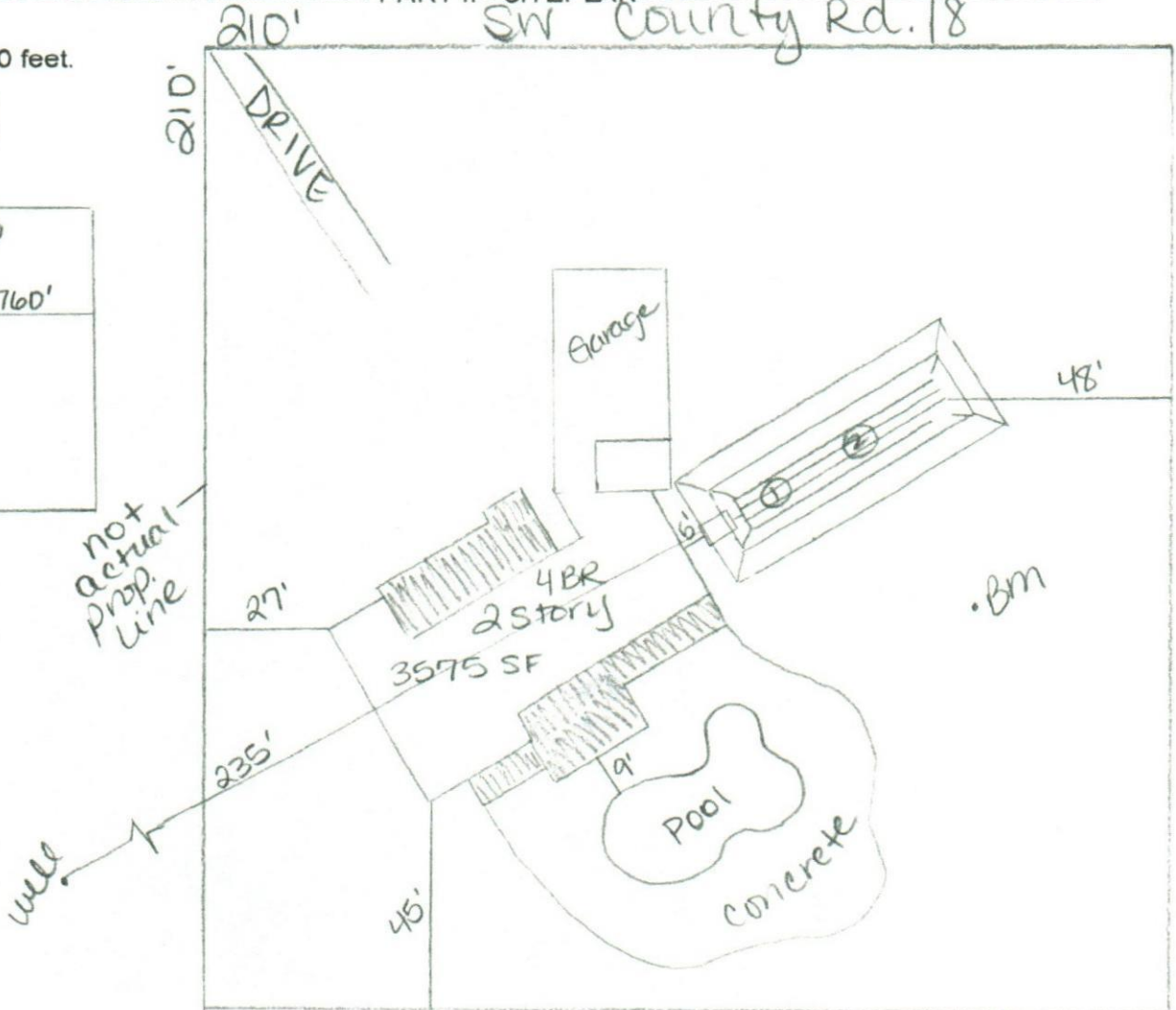
PART II - SITEPLAN

SW County Rd. 18

Scale: 1 inch = 40 feet.



not actual prop. line



Notes: _____

Added Pool to site

REVISED
3/10/22

Site Plan submitted by: *William D. Bishop II*

MASTER CONTRACTOR
Date *3-10-22*
County Health Department
3/11/22

Plan Approved *X* Not Approved _____

By *[Signature]*

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

BARRS
3-10-22

William O. Bishop III

REVISED
3/10/22

