



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

PERMIT NO. 21-0012
DATE PAID: 11/21/21
FEE PAID: 28.60
RECEIPT #: 1641513

APPLICATION FOR:

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

APPLICANT: Greg Thacker

AGENT: _____

TELEPHONE: 386-433-0051

MAILING ADDRESS: 939 SW Roanoke Terrace

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: 47 BLOCK: _____ SUBDIVISION: Appalachian Trace PLATTED: 1/1/21

PROPERTY ID #: 024516 03766147 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 12.79 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: 939 SW Roanoke Terrace

DIRECTIONS TO PROPERTY: _____

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
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1	Barn	—	800	ORIGINAL ATTACHED
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 11/6/21

Permit Application Number _____

21-0012

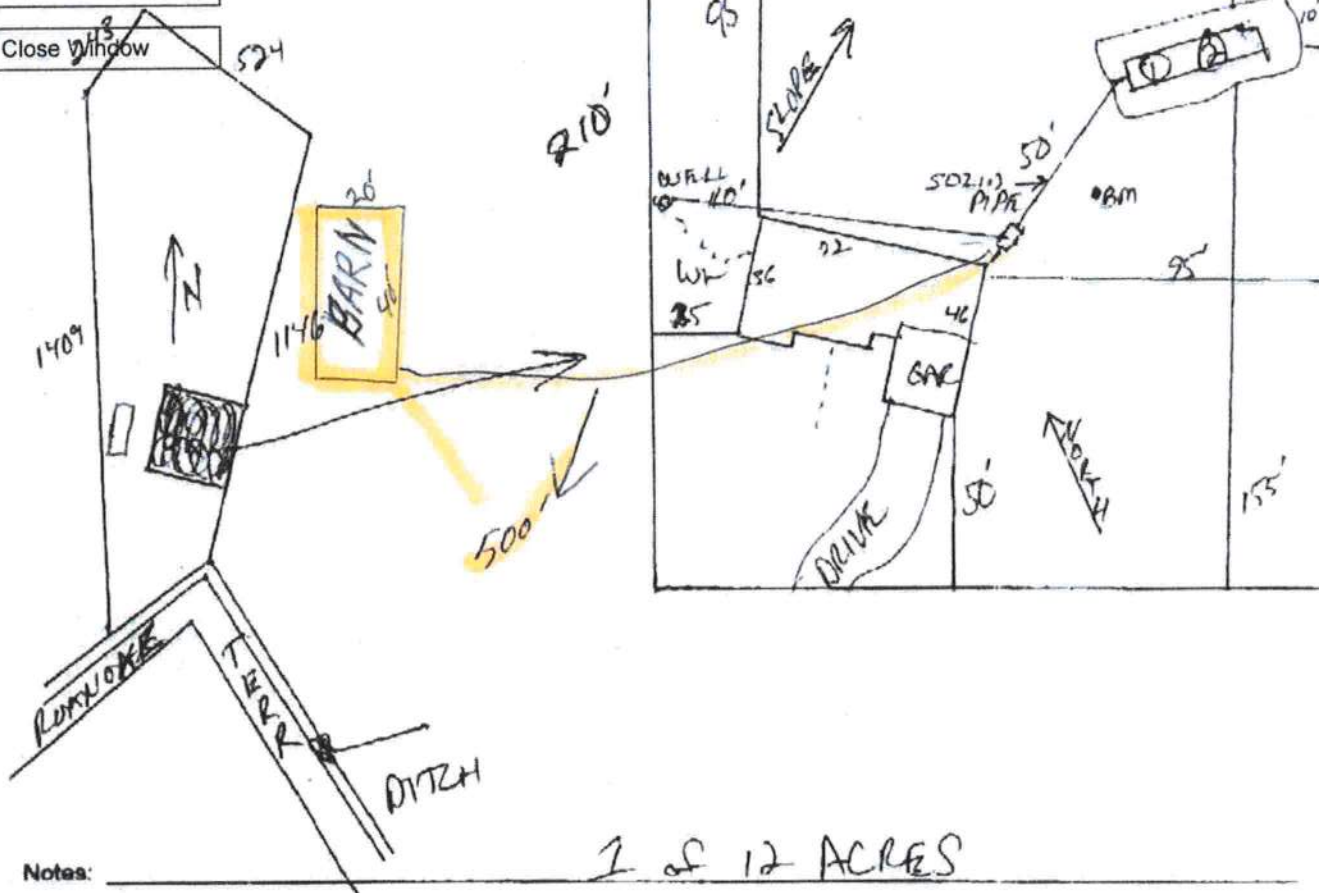
PART II - SITEPLAN

2-16

Scale: 1 inch = 50 feet.

Full Size

Close window



1 of 12 ACRES

Site Plan submitted by:

Plan Approved

Not Approved

Date 1/4/20

By

County Health Department

OH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)