



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

PERMIT NO. 13-0538  
DATE PAID: 10/11/13  
FEE PAID: \$10.00  
RECEIPT #: 1123521

APPLICATION FOR:

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

APPLICANT: Clinton Simmons

AGENT: Howard's Septic Service Inc.

TELEPHONE: 386-935-1518

MAILING ADDRESS: PO Box 180 Branford FL 32008

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: 51 <sup>Unit</sup> BLOCK: 11 SUBDIVISION: Three Rivers Estates PLATTED: 1978

PROPERTY ID #: 00-00-00-00858-000 ZONING: Res. I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 0.878 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Distance to Sewer:        FT

PROPERTY ADDRESS: SW Washington Ave. Fort White Fl (across street from 747 SW Washington Ave)

DIRECTIONS TO PROPERTY: From Fort White take SW US HWY 27 west toward Ichetucknee Turn left on SW Riverside drive. Take first left on SW Utah. Then take first right on SW Washington Ave. Continue to property on right.

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	Storage Building <u>w/1st fl</u>	0	2400	<u>Zone X</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Clinton Simmons

DATE: 10-9-13

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

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



Notes.

Site Plan submitted by:

Elmer Brunson

10-10-13

Plan Approved

Not Approved

Date

10/16/13

By

Sally Ford Env Health Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA DEPARTMENT OF HEALTH  
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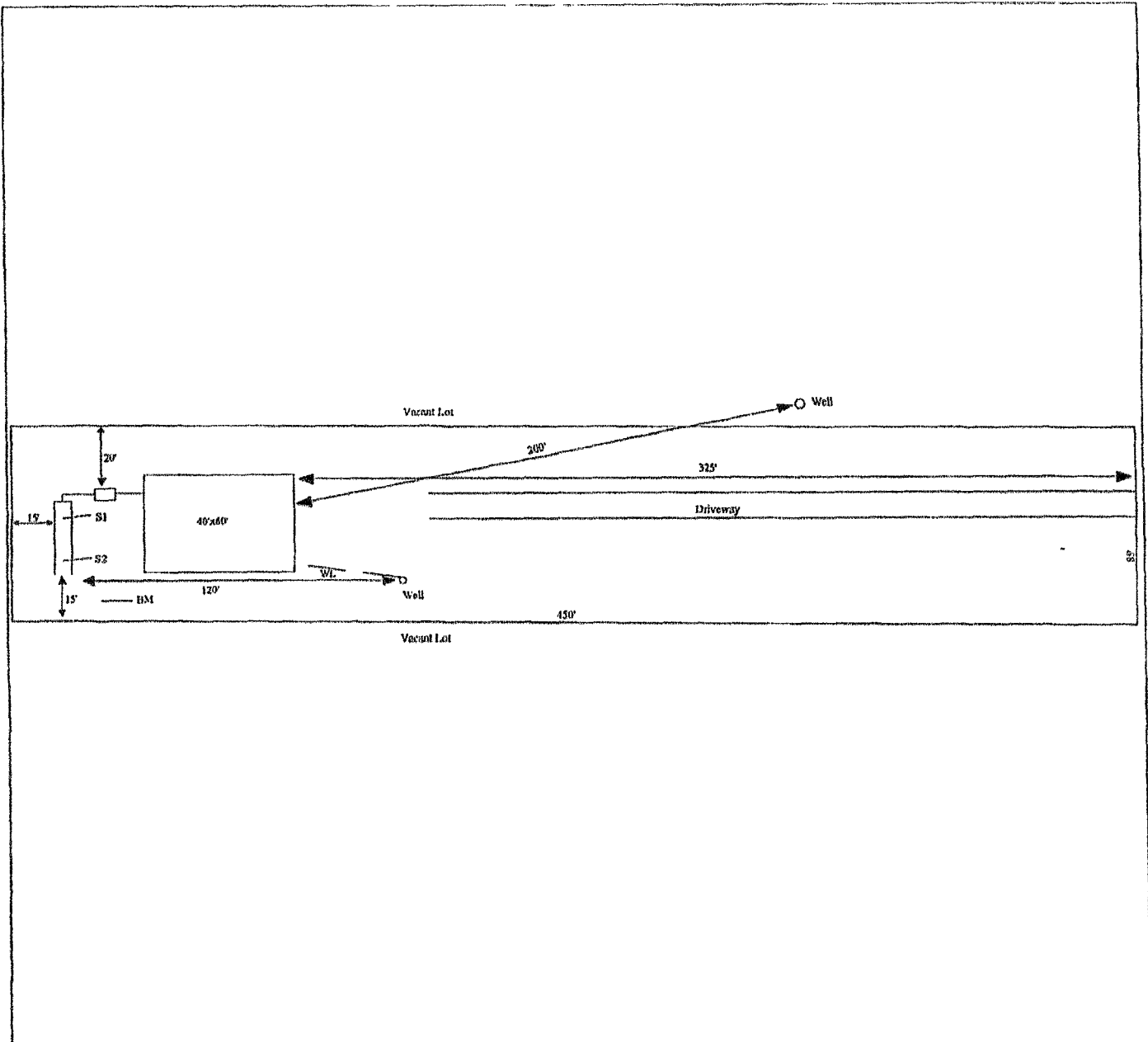
PART II SITE PLAN

PERMIT APPLICATION NUMBER

130538

APPLICANT: \_\_\_\_\_

SCALE: 1" = 60'



NOTES: \_\_\_\_\_

SITE PLAN SUBMITTED BY: \_\_\_\_\_

*Elliot Bronson*  
ELLIOT BRONSON 11-1789

09-28-13

PLAN APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

Rec'd 10/16/13