

Kathleen @ 1930 schooner-mistress.com



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

PERMIT NO. 20-0910
DATE PAID: 11/19/20
FEE PAID: 60.00
RECEIPT #: 1402498

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Fred W Joest

AGENT: _____ TELEPHONE: 904-347-3763

MAILING ADDRESS: 3464 SW CR 138 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: R0 23-78-16 4300-003 ZONING: Ag I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 11 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3464 SW CR 138 Ft White FL 32038

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
1	<u>Pole Barn</u>	<u>N/A</u>	<u>3360</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

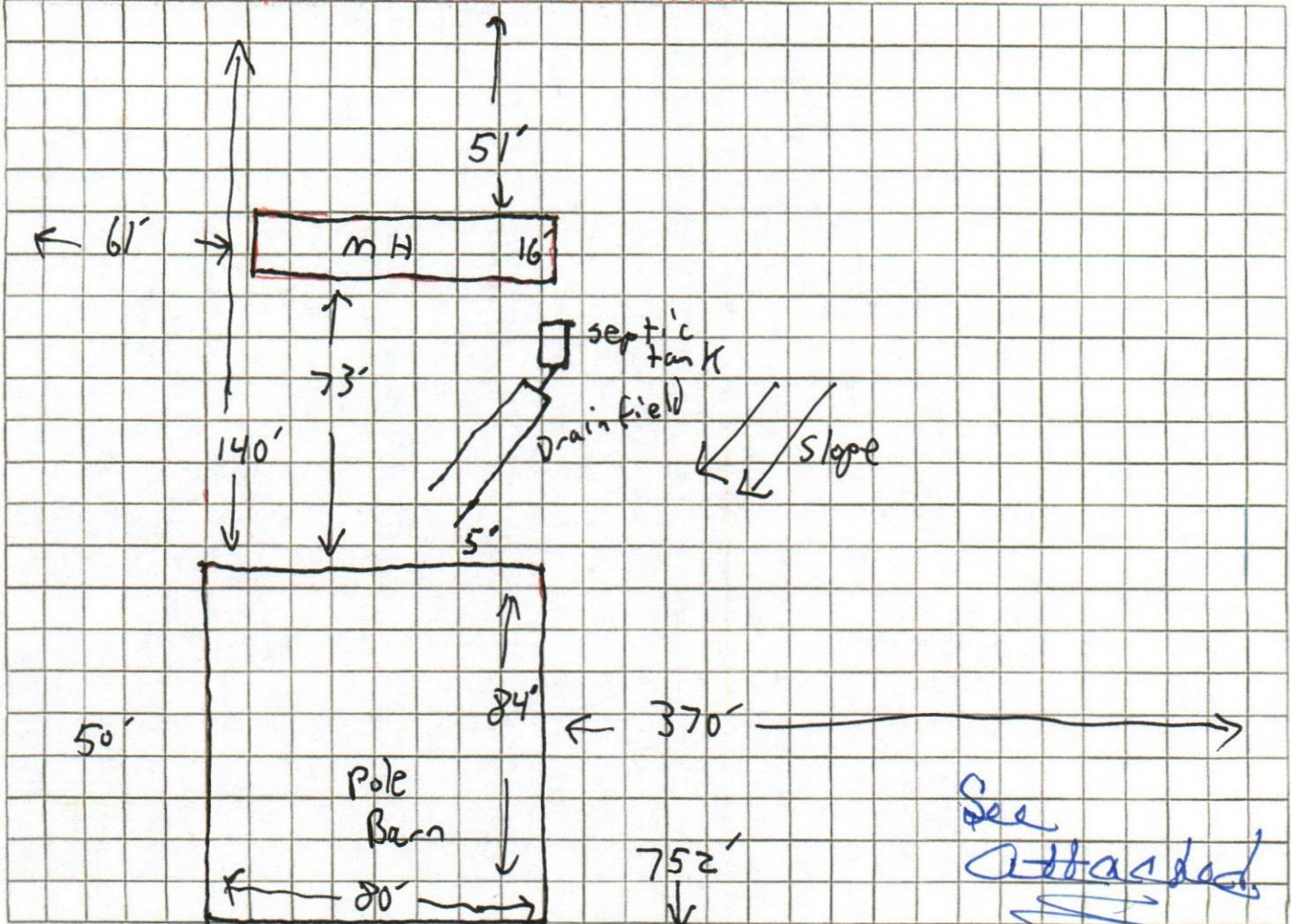
SIGNATURE: [Signature] DATE: 11/18/20

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Permit Application Number 20-0910

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

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



Notes: _____

Site Plan submitted by: [Signature] TITLE Owner DATE: _____
Plan Approved X Not Approved _____ Date 12/5/20
By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT