



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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

20-0418
4/2/20
60600
1507223

APPLICATION FOR:

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

APPLICANT: Henry Nelson Daniel Rodriguez

AGENT: OWNER

TELEPHONE:

~~786-424-3467~~
786-445-9327

MAILING ADDRESS: 1855 West 62 St, Apt 311
Hialeah, FL 33012

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: 25 BLOCK: _____ SUBDIVISION: Crossroad PLATTED: _____

PROPERTY ID #: 11-6S-1603816-125 ZONING: A-3 I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 391.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 333 SW Scout Glen Fort White FL 32038

DIRECTIONS TO PROPERTY: 11-6S-16E | COMM NW COR OF NE 1/4 OF
SE 1/4, RUN E 381.45 FT FOR POB, RUN E 325.87 FT, S1361

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	Mh	3	1200	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 05/20/20

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 4E-6.001, FAC

333 SW Scout Glen
Fort White, FL 32038

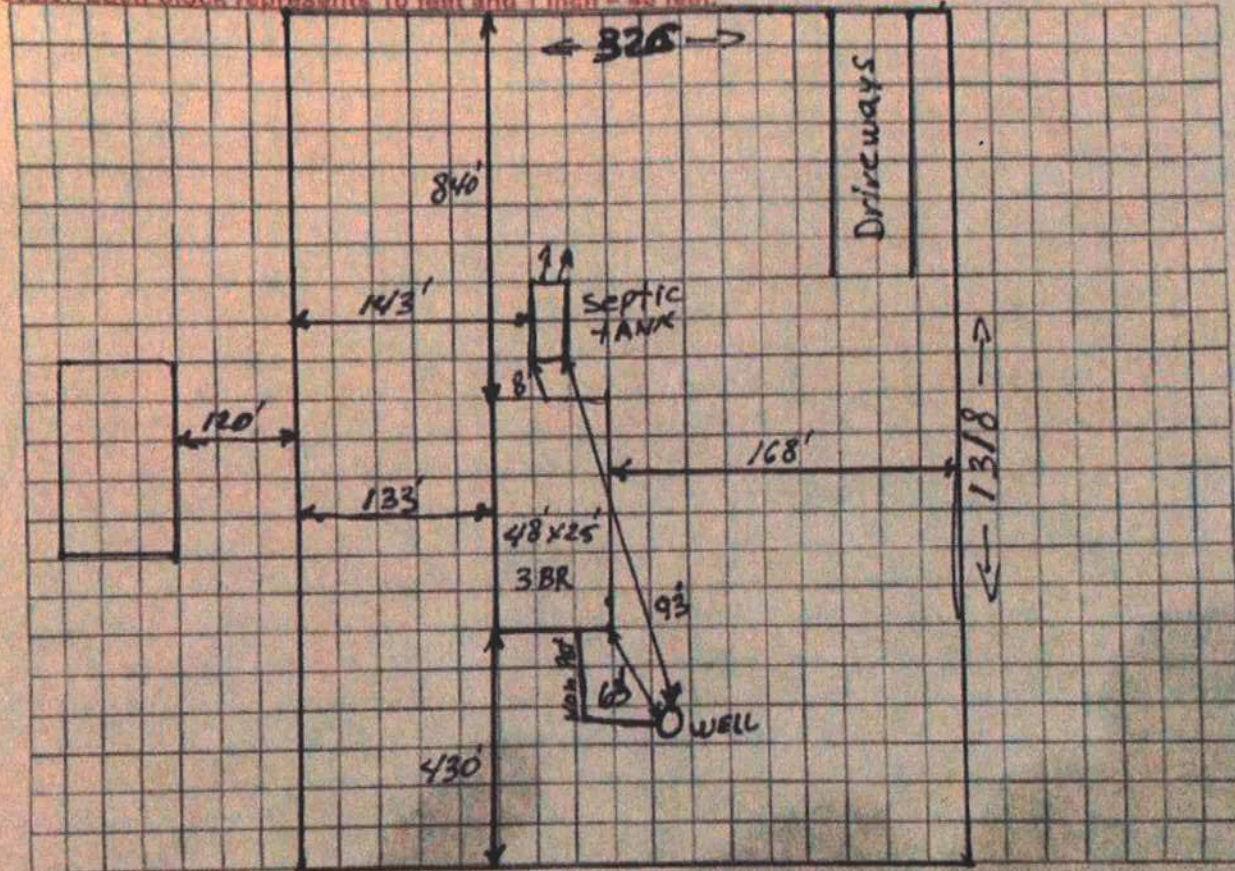
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PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

TITLE

DATE

6/1/20

Plan Approved

Not Approved

Date 6/9/2020

By

[Signature]

Kyle Ray

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Mobley, Sally J

From:
Sent:
To:
Subject:

Briam Rodriguez <briam789@gmail.com>
Friday, May 29, 2020 12:26 PM
Mobley, Sally J
Re: CREDIT CARD FORM

20-0418

