



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

PERMIT NO. 20-0325  
DATE PAID: 4-28-20  
FEE PAID: 310.00  
RECEIPT #: AP1481407

APPLICATION FOR:

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

APPLICANT: Dylan Murphy

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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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.

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PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: NA PLATTED: \_\_\_\_\_

PROPERTY ID #: 19-7S-17-10025-113 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y / ☐ N ]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ]<=2000GPD ☐ ]>2000GPD

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

PROPERTY ADDRESS: 411 SW Chalet Terrace, Ft. White, Fl

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St, TL onto NW main Blvd, Slight right onto FL-47S, TL onto US 27S, TR onto SW County Rd 138, TR onto Unity Trails Rd, cont. onto SW Chalet Terrace, prop. 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
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1	SF Residential	0	40x40	Barn (Bath 10'x10' Heated & cooled)
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William D. Bishop II

DATE: 4/23/2020

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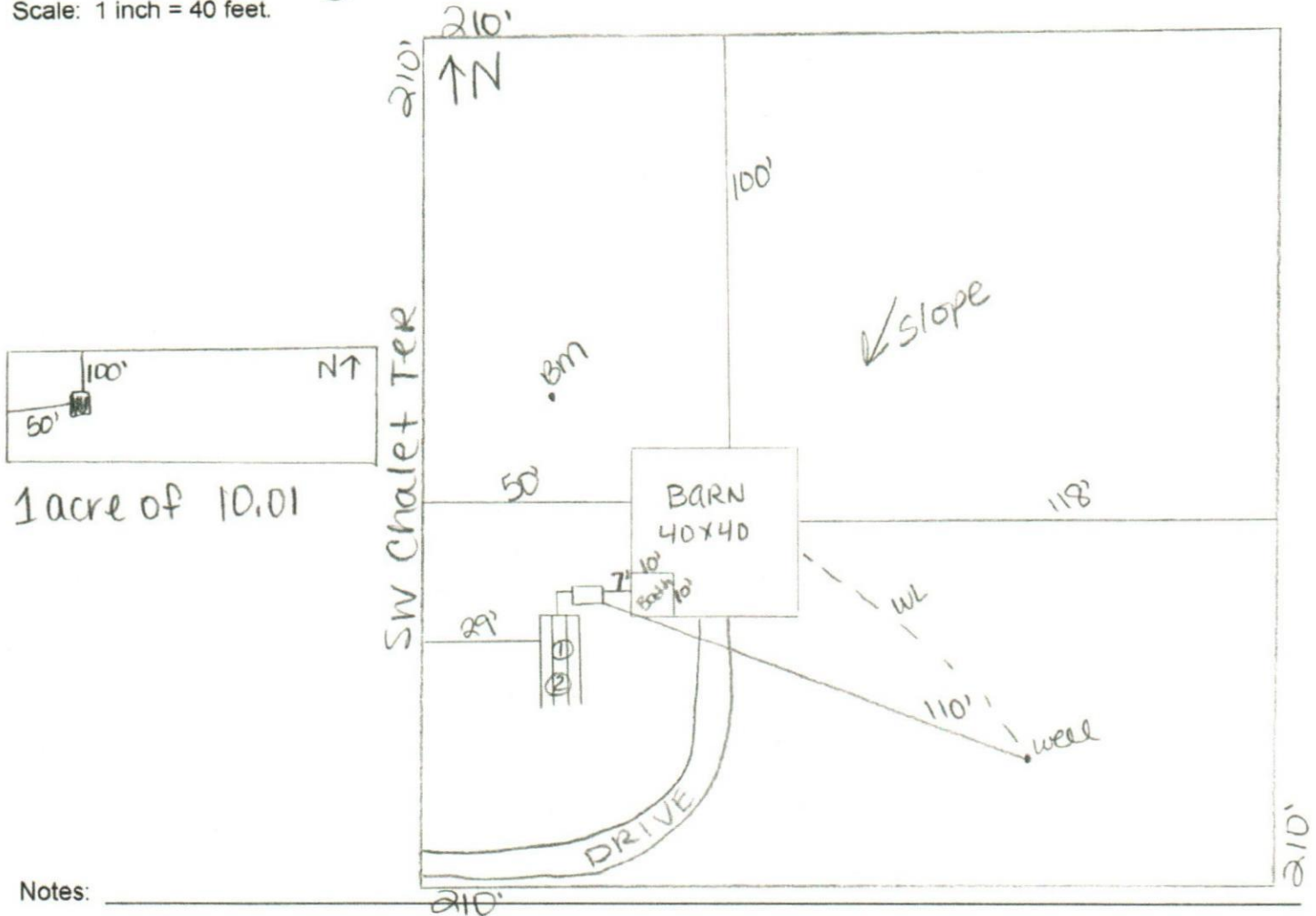
Permit Application Number

20-0325

*murphy*

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 acre of 10.01

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

MASTER CONTRACTOR

Plan Approved *[Signature]* Not Approved

Date *4-23-20*

By *[Signature]* *ES2* *Columbia*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



SW Chalet 1ER

