



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

PERMIT NO: 20-0581
DATE PAID: 7/23/20
FEE PAID: 600.00
RECEIPT #: 1527581

APPLICATION FOR:

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

APPLICANT: Eric CasasAGENT: Javier Larcia TELEPHONE: 386-295-0830MAILING ADDRESS: 4138 Herlong St., Fort 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: 57 BLOCK: SUBDIVISION: Cardinal Farms PLATTED: PROPERTY ID #: 11-65-16-03815-157 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 9.64 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: FTPROPERTY ADDRESS: 4138 SW Herlong St, FT White, FL 32038DIRECTIONS TO PROPERTY: * See Attached *

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>Single Family</u>	<u>3</u>	<u>3500</u>	
2	<u>Accessory (proposed)</u>	<u>0</u>	<u>884</u>	
3				
4				

ORIGINAL ATTACHED

17.0199

☐ Floor/Equipment Drains ☐ Other (Specify) SIGNATURE: [Signature]DATE: 7/23/2020

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

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

Casas

*See
Attached*

Notes: _____

Site Plan submitted by: *Janet Lira* Agent: _____ Owner: _____ Date: 7/23/2020
Plan Approved ☒ Not Approved _____ Date 7/27/20
By *[Signature]* COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0581

SW Hill Top Tr

