

Dec 13 12 12:30p

A B Construction

386 497 4866

p.2

56



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

PERMIT NO. 12-535
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Frank BurrowsAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 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 GRANDEATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 6 BLOCK: na SUB: Tustenugue Trace unr PLATTED: _____PROPERTY ID #: 12-6S-16-03816-406 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 10.1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$ IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: SW Bayberry Glen, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 441 South, TR on CR 131 (Tustenugue Ave), Approx 12.5 miles
TR on Jasmine, Continue straight onto Bayberry, to end 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	SF Residential	2	728	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____SIGNATURE: Rocky D FordDATE: 12/4/2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 1 of 4

Dec 13 12 12:31p

A B Construction

386 497 4866

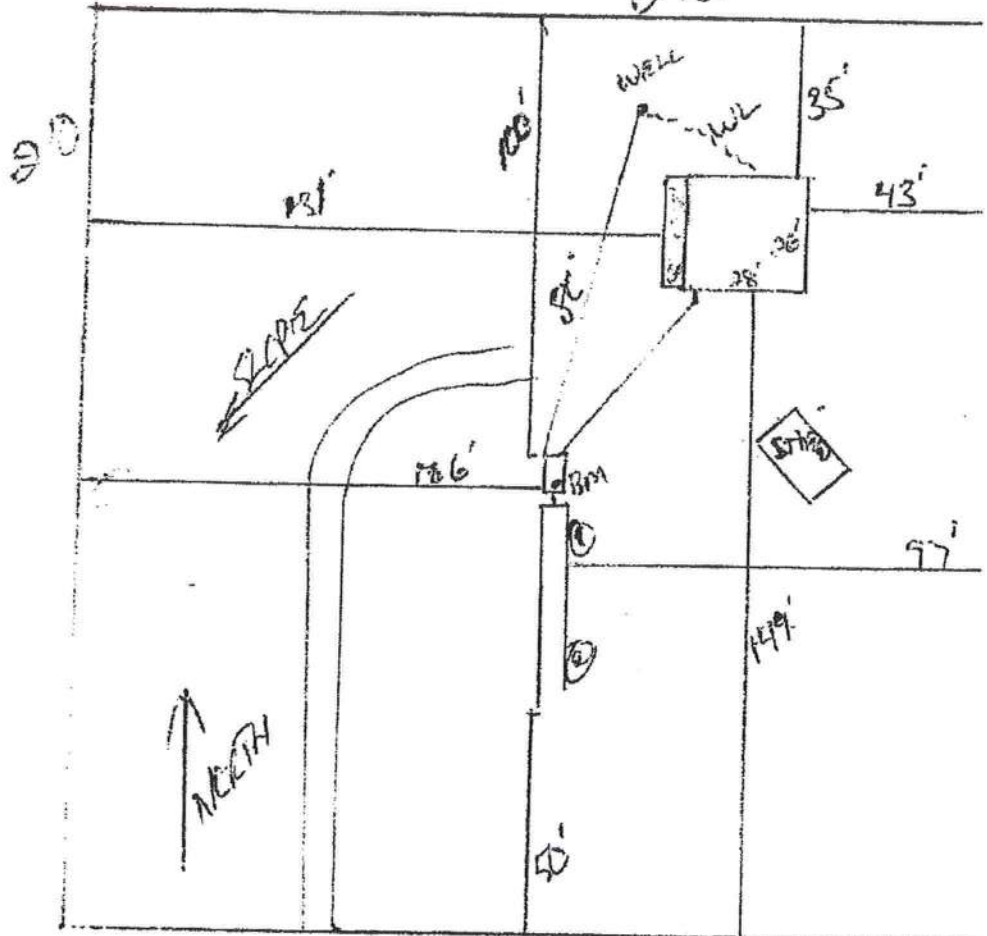
p.5

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

Permit Application Number 12-535*Baron's*

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



*See 10.1 Notes
SEE ATTACHED*

Notes:

Site Plan submitted by: *Rocky D F*Plan Approved ☒Not Approved ☐

MASTER CONTRACTOR

Date 12/13/12By: *[Signature]*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT