



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

PERMIT NO. 21-0099
DATE PAID: 1/29/21
FEE PAID: 268.00
RECEIPT #: 1418818

APPLICATION FOR:

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

APPLICANT: Paul Pestrichello

AGENT: Corbetts mobile home center TELEPHONE: 386-364-1340

MAILING ADDRESS: 1126 E Howard St Live Oak FL 32060

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: 7+B BLOCK: _____ SUBDIVISION: Ichetucknee Forest Tract PLATTED: _____ **A P 1**

PROPERTY ID #: 02-65-15-00502-058 ZONING: _____ I/M OR EQUIVALENT ☐ Y ☒ N

PROPERTY SIZE: 15.9 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 1625 Old Spanish Rd Ft. White

DIRECTIONS TO PROPERTY: Head SE on US-90 / E Howard St, turn right onto CRd 49, turn left onto 256th St / Bibby Rd, turn left onto Sand Hill Rd, Turn right onto 256th St / Bibby Rd.

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>mobile Home</u>	<u>2</u>	<u>1280</u>	ORIGINAL ATTACHED
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: J Wainwright

DATE: 1/27/21

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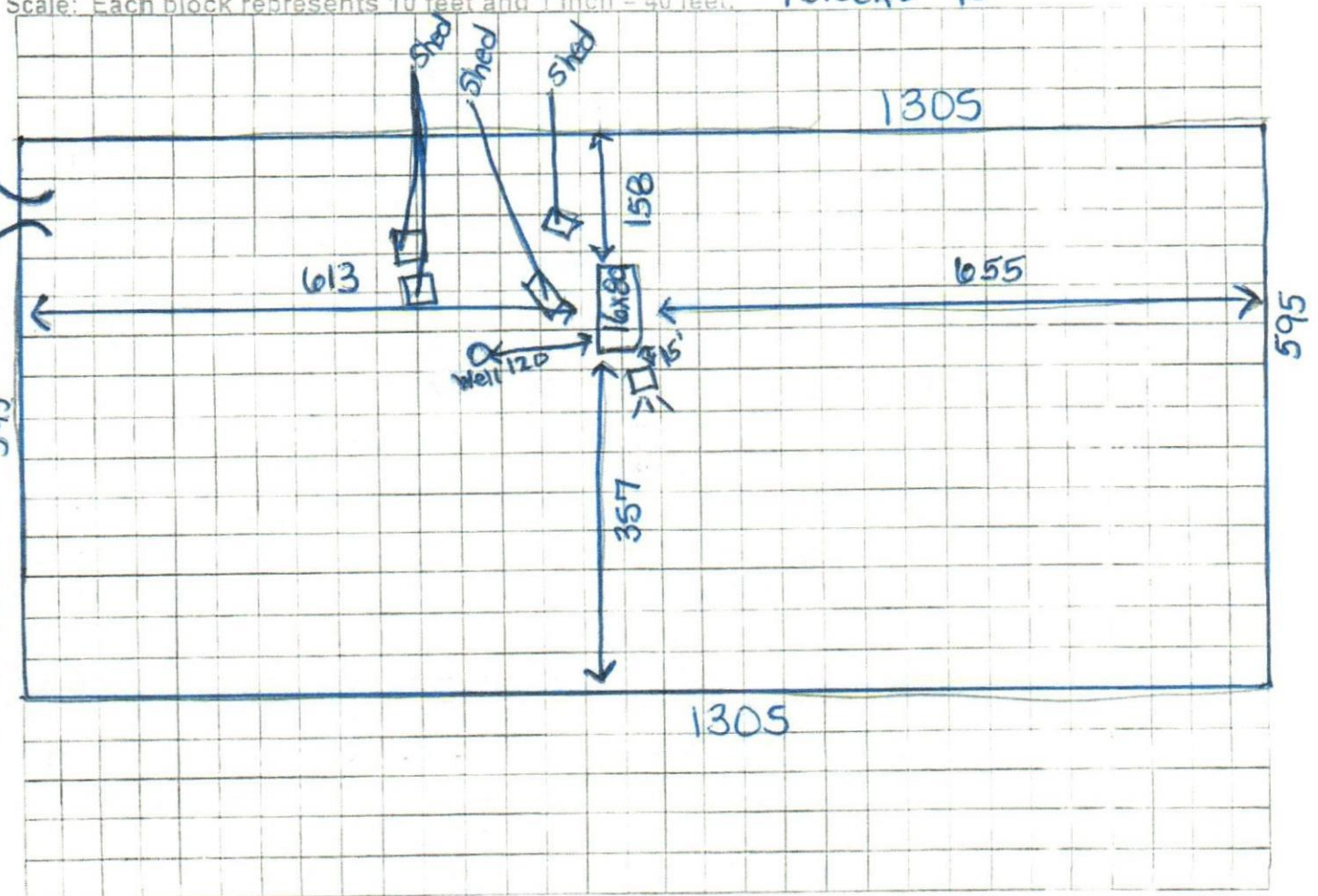
Permit Application Number

21-0093

PART II - SITEPLAN

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

1 block = 40'



Notes: Home is going where the existing mobile home is. I attached the property from property appraiser's and circled where the existing home is.

Site Plan submitted by: Wainwright TITLE: _____ DATE: 1/27/21
Plan Approved: [Signature] Not Approved: _____ Date: 2.3.21
By: Sally Ind Env Health Director County Health Department
COLUMBIA

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT