



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

FW

PERMIT NO. 21-0636  
DATE PAID: 7/21/21  
FEE PAID: 318.00  
RECEIPT #: 12099000

APPLICATION FOR:

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

APPLICANT: Michael Smith

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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 GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 35 BLOCK: 4 SUB: Three Rivers Estates PLATTED:

PROPERTY ID #: 00-00-00-01438-035 ZONING: I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.767 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 165 SW Kentucky Street, Fort White, FL

DIRECTIONS TO PROPERTY: TL onto NW Main Blvd, TR onto US 90W, TL onto FL-247 S, TL onto Sand Hill Rd, TL onto US-27S, TR onto SW Riverside Ave, TL onto Utah Pkwy, TR onto SW Newark Dr, TL onto SW Kentucky St.

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	1	800	
2				
3				

[ ] Floor/Equipment Drains [ ] Other (Specify)

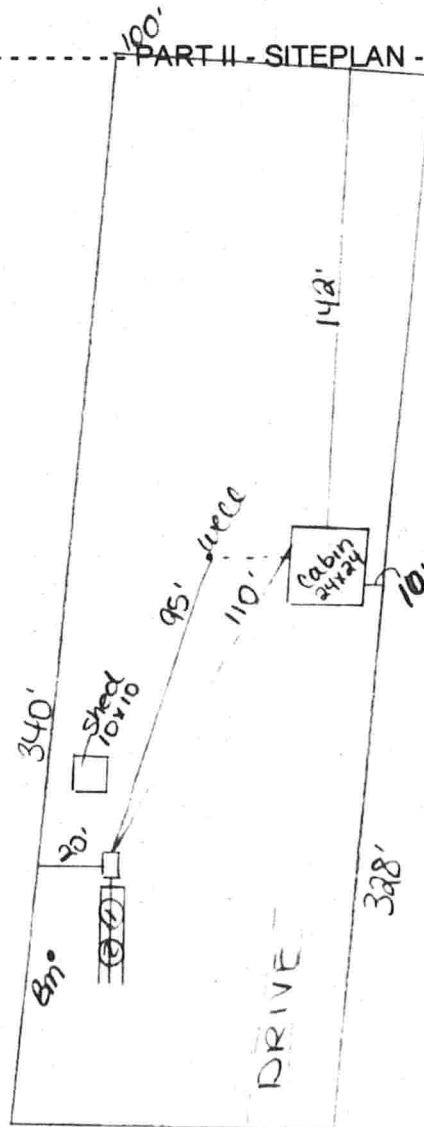
SIGNATURE: William D. Bishop II

DATE: 7/16/2021

Permit Application Number 21-0636

~~PART II - SITEPLAN~~

↑N



Notes: SW Kentucky St.

Site Plan submitted by: William O. Bishop II MASTER CONTRACTOR  
Plan Approved ☒ Not Approved ☐ 7/23/2014 Date 7-16-21  
By Kuh By Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**