



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

PERMIT NO. 17-001
 DATE PAID: 1/3/17
 FEE PAID: 60.00
 RECEIPT #: _____

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: David & Darlene Matos

AGENT: _____ TELEPHONE: 386-344-8719

MAILING ADDRESS: 952 SW Galilee Loop. Lake City, FL 32024
ddsmatos@yahoo.com

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: 11 BLOCK: _____ SUBDIVISION: Meadow West Est. PLATTED: _____

PROPERTY ID #: 31-55-17-09465-021 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.10 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 952 SW Galilee Loop. Lake City, FL. 32024

DIRECTIONS TO PROPERTY: 475, TL ON CR 242, TR ON CR 131, TR on the
Second Galilee Loop, and on Right

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

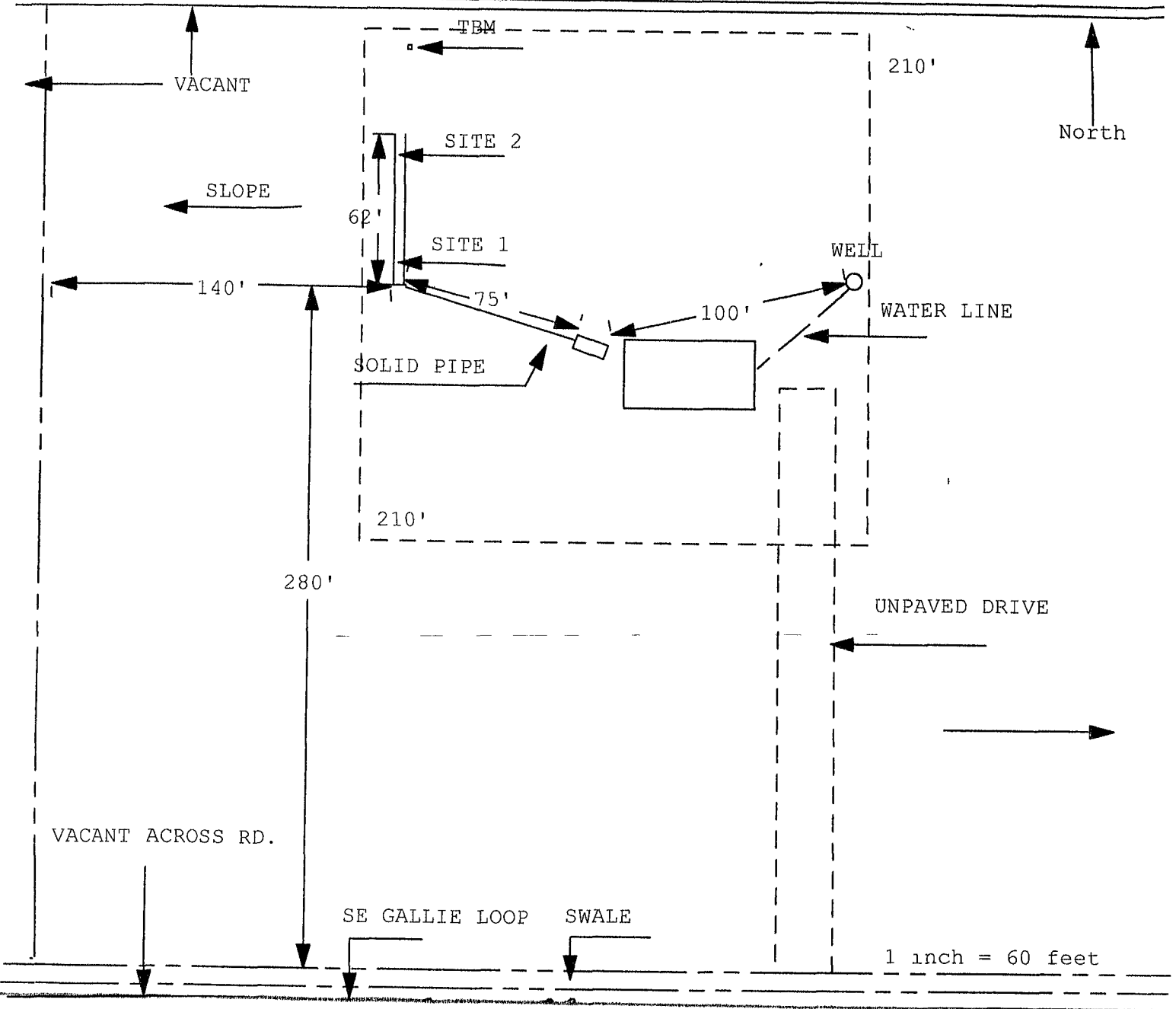
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Bringing a Mobile Home</u>	<u>3?</u>	<u>1814</u>	<u>Residential</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: David Matos DATE: 1/2/17

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan
Permit Application Number: 17-001

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



HB 269

Site Plan submitted by: David Matin
 Plan Approved REVIEWED -Not Approved
 By: Travis von Neumann

Date 1/3/17
 County Health Department

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