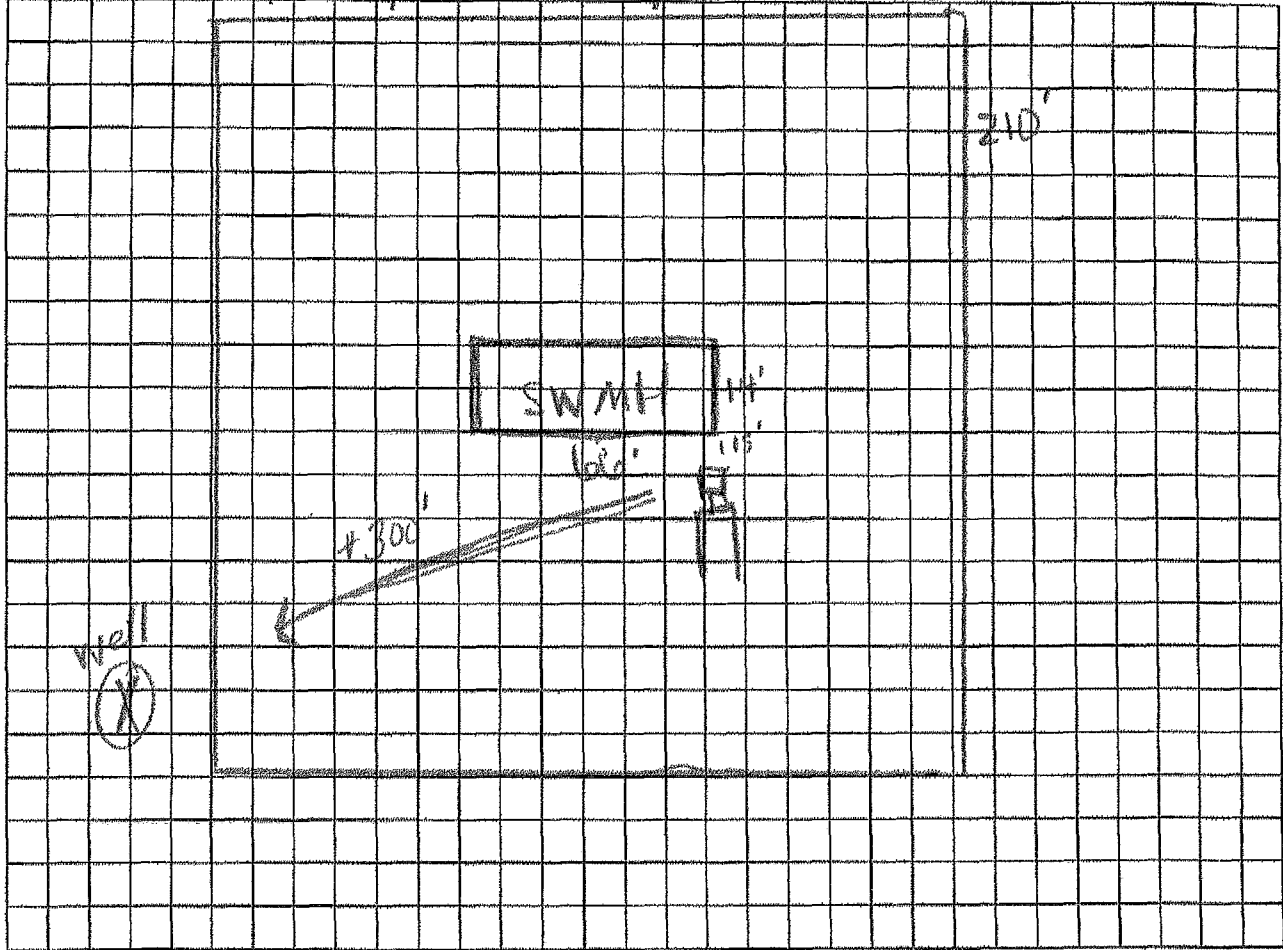


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 16-0365E

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

Scale: Each block represents 10 feet and 1 inch = 40 feet. 210'



Notes: see attached

Site Plan submitted by: Beth Houston

Plan Approved Not Approved

By: [Signature] Celina

Date 6-7-2016

County Health Department
Celina

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 16-0369 E
DATE PAID: 6/7/16
FEE PAID: 60.00
RECEIPT #: 1423177

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: RICHARD + RUTH HOUSTON

AGENT: SAME TELEPHONE: _____

MAILING ADDRESS: PO BOX 2875, LAKE CITY, FL 32056

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 31-45-16-03250-002 ZONING: Res I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 2 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 286 SW Blackbear Glen, 32024

DIRECTIONS TO PROPERTY: _____

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				
2	<u>Mobile Home</u>	<u>3</u>	<u>924</u>	
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Ruth Houston DATE: 6-7-2016