Old Permit# 12-50-230486 07-0495E



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

PERMIT NO.	20.0518
DATE PAID:	7.2.20
FEE PAID:	205.00
RECEIPT #:	1123594

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2-472-6010
52-472-0104
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Revised
7-05-2020

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 00 -05/8

Notes: Modify DF to accommodate a	a 2 bedroom sized home.	No pertinate offsite featur	rres.
Has 227'59 ft needs 250	sq. ft minimum	- Needs 375 minimum	148 SQFT
n. (-11)	0 /5/		addition
Site Plan submitted by: Robert Minnella Plan Approved	Not Approved	Date 7/13/2	-
ALL CHANGES MUST E	SE APPROVED BY THE COUN	County Hea	alth Department

DH, 4015 08/09 (Obsoletes previous editions which may not be used) incorporated 54E-6.001,FAC