

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

PERMIT NO.	20-0805
DATE PAID:	1019120
FEE PAID:	100.00
RECEIPT #:	1583560

APPLICATION FOR:  [] New System [] Existing System [] Holding Tank [] Innovative  [] Repair [] Abandonment [] Temporary []  Applicant: Joseph & Paticia Delvio  AGENT: The System [] Existing System [] Holding Tank [] Innovative  AGENT: The System [] Existing System [] Holding Tank [] Innovative  AGENT: The System Interest of Paticia Delvio  AGENT: The System Mississer Interest In	
MAILING ADDRESS: 970 Y NW CR 229 Stacks, FL 3209    MAILING ADDRESS: 970 Y NW CR 229 Stacks, FL 3209    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 (NM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.  PROPERTY INFORMATION  LOT:	APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
MAILING ADDRESS: 9704 NW CR 229 Stack, FL 3209    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: 5/21//2  PROPERTY ID #: 86-35-15-00301-002 ZONING: I/M OR EQUIVALENT: [Y/N]  PROPERTY SIZE: ACRES WATER SUPPLY: FRIVATE PUBLIC [ 1<=2000GPD [ ]>2000GPD  IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/B] DISTANCE TO SEWER: FT  PROPERTY ADDRESS: 694 SW Hunter Rd Lake City of 32024  DIRECTIONS TO PROPERTY: Ron WS 90/Duva   5+ Lon Hunter Rd,    ORSTINATION   RESIDENTIAL [ ] COMMERCIAL  Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Soft Table 1, Chapter 64E-6, FAC  ORIGINAL ATTACHED  1 Poul ORIGINAL ATTACHED  [ ] Floor/Equipment Drains [ ] Other (Specify)	APPLICANT: Joseph & Patricia Delrio
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SIGNATURE: DATE: DATE:	SIGNATURE: 10/5/2020

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20 - 0805

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DELRIO JOSEPH ANTHONY & PATRICIA ELLEN DELRIO 694 SW HUNTER RD LAKE CITY, FL 32024