## 530246002107



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

D	AMUL
PERMIT NO.	10-0114
DATE PAID:	412120
FEE PAID:	275(00
RECEIPT #:	5 60 DAS

APPLICATION FOR:  [ ] New System [ √ ] E [ ] Repair [ ] A	xisting Syste	em [	]	Holding Tank [ ] Innovative Temporary [ ]		
APPLICANT: Brent Strickland				(Brent S. 365-7042	1	
AGENT: Dale Burd / Dale Burd LLC				TELEPHONE: 386-365-7674	)	
MAILING ADDRESS: 20619 County I	Road 137, Lake Cit	ty, FL, 32024				
BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T	T TO 489.105 O PROVIDE DOC	(3) (m) OR CUMENTATIO	489 N O	ED AGENT. SYSTEMS MUST BE CONSTRUCTE 9.552, FLORIDA STATUTES. IT IS THE DF THE DATE THE LOT WAS CREATED OR ATUTORY GRANDFATHER PROVISIONS.	ED	
PROPERTY INFORMATION L-7	Strie	Llans	2 1	Revtale	==	
				ns Unit A PLATTED: NA		
PROPERTY ID #: 28-4S-17-08815-00	00	ZONING	3: _	NA I/M OR EQUIVALENT: [ No	]	
PROPERTY SIZE: 1.75 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD						
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [	[ No ]		DISTANCE TO SEWER: na F	T	
PROPERTY ADDRESS: 174 SW County Road 242-A Lot 7, Lake City, FL, 32024						
DIRECTIONS TO PROPERTY: US 44	41 South, TR CR 2	42-A, 350 feet	on l	left		
BUILDING INFORMATION	[✓] RESIDE	NTIAL		[ ] COMMERCIAL		
Unit Type of No Establishment	No. of I	Building	Con	mmercial/Institutional System Design	1	
1 SF Residential NWMH		1525		ble 1, Chapter 64E-6, FAC H Park MH Replacement	_	
2	-			Tak Mar Replacement	-	
3						
4				10EGET VEN	-	
[ ] Floor/Equipment Drains	[ ] Other	r (Specify	.) _	SEP 0 2 2020	_	
SIGNATURE:				DATE: 8/5/2020		

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL	SYSTEM CONSTRUCTION	NPERMIT
	Permit Application Number	20-0714
Carlle 1		
Souckland PART II - SITEPI	LAN	
Scale: 1 inch = 40 feet. SAMK 3 CONZINCE		
PRASE SIEE	TACKED	
A	TACHE	
7 / 1		
Notos		
Notes:		
Site Plan submitted by:	15/20	CONTRACTOR
Plan Approved Not Approved		Date 9-11-70
Call a dad	. 1 . 0 . 1 .	inty Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

