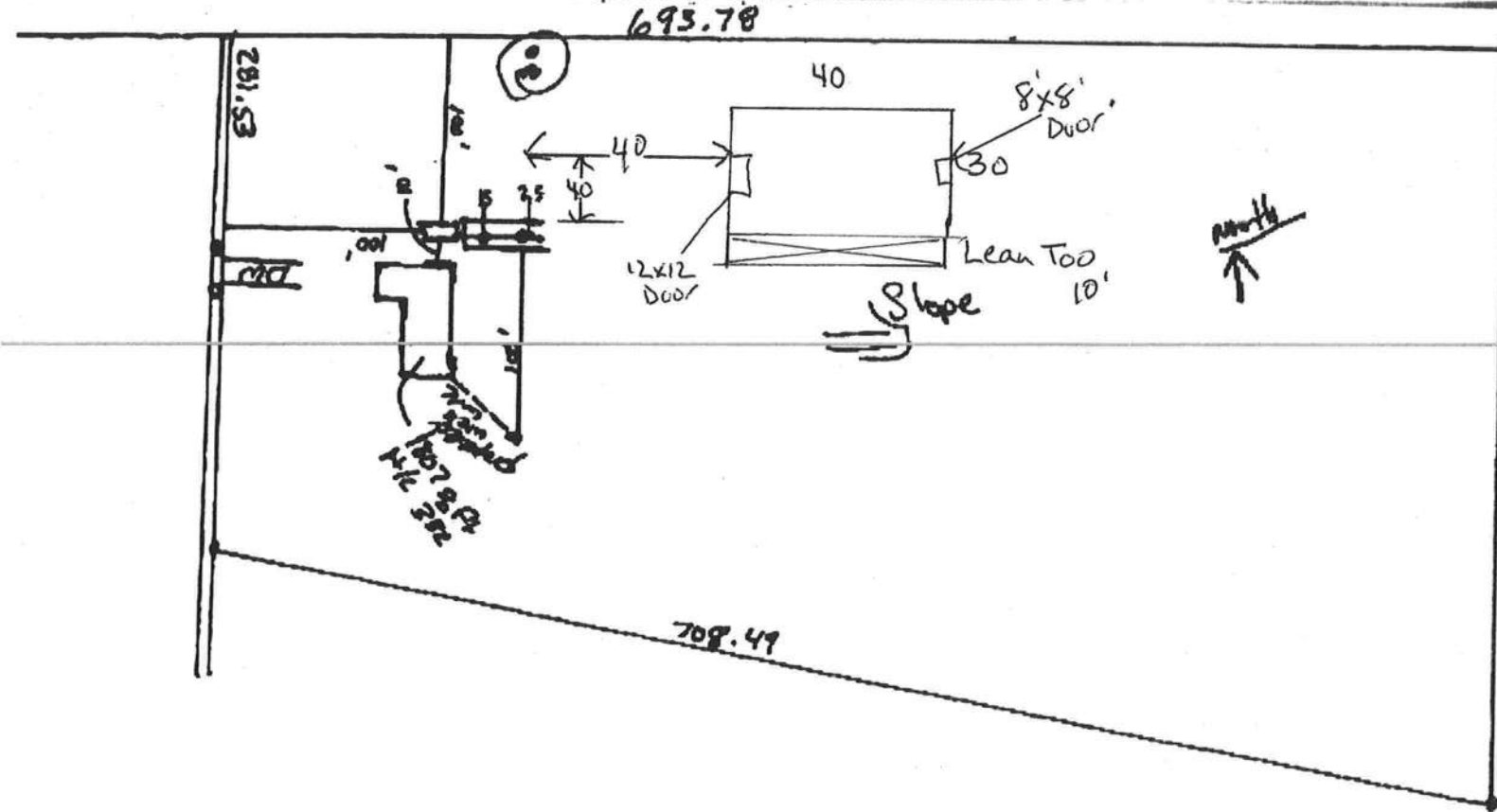


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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



Notes: _____

Site Plan submitted by: [Signature] Agent: _____ Owner: ☒ Date: 5-3-22
Plan Approved _____ Not Approved _____ Date _____
By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT