

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	21-0488
DATE PAID:	Slidai
FEE PAID:	64 00°
RECEIPT #:	17/3380

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR: [] New System [X] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Royal Date Tompkins
AGENT:
MAILING ADDRESS: 1452 SE CR 349, Lake City, F1 32025
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 #: 25-55-17-09384-000 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: _5_ ACRES WATER SUPPLY: [\(\sqrt{j} \) PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT
DIRECTIONS TO PROPERTY: The NSAC OF W1/2 of W30 ac of W1/2 of
W1/2 of SW1/4. DC ORB 756-073, PROB #01-178-CP ORB
936-95 Thry 107-945-121.
BUILDING INFORMATION [RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 SFR 3 Built 1968 CNO Drig.
Expanding living Room 196
3 - 1 8 . 0 1 \ 201
4
580 Total
[] Floor/Equipment Draims [] Other (Specify)
SIGNATURE: [Concl Dal Joy] DATE: 8/10/2021
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC dale @ Thewaylc.Com Page 1 of 4

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 31-0488

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