





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

PERMIT NO.	22-0699
DATE PAID:	811522
FEE PAID:	425.00
RECEIPT #:	1877450

APPLICATION FOR: [☑] New System [] Ex [] Repair [] Ab	xisting System	[] Holding Tank	[] Innovative
APPLICANT: Caleb V	Ventuorth	Ww lba @gr	rail com
AGENT: <u>Caleb</u> Wentwo	orth	Т	ELEPHONE: 850-245-3016
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	T TO 489.105(3)(m) PROVIDE DOCUMENTA	OR 489.552, FLORIDA	A STATUTES. IT IS THE HE LOT WAS CREATED OR
PROPERTY INFORMATION	*		
LOT: 26 BLOCK:	SUBDIVISION:	rhwood	PLATTED:
PROPERTY ID #: 34-65-11	0-04056-126 zo	NING: I/M	OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 124 ACRES	WATER SUPPLY: [']	PRIVATE PUBLIC [/]<=2000GPD []>2000GPD
PROPERTY ADDRESS: 40 SW			
DIRECTIONS TO PROPERTY:	The state of the s		
BUILDING INFORMATION	[] RESIDENTIAL	[] COMMERC	CIAL
Unit Type of No Establishment	No. of Buildi Bedrooms Area S	ng Commercial/Inst qft Table 1, Chapte	titutional System Design er 64E-6, FAC
1 New Residential	2 772	<i>(</i> 2)	
2	5 205		
3			
4		2	
[] Floor/Equipment Drains	[] Other (Spe	cify)	
SIGNATURE: Callb W	enturon		DATE: 5-25-22

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0499

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