det/8638

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| | For Office Use Only (Revised 7-1-15) Zoning Official Building Official TM 3/14/18 AP# 1803-29 Date Received 3/13 By TW Permit # 36466 |
|--------|---|
| | Flood Zone Development Permit Zoning A Land Use Plan Map Category |
| | Comments |
| | |
| - F | FEMA Map# Ejevation Finished Floor / Finished Floor In Floodway |
| - | Recorded Deed or Property Appraiser PO Site Plan EH# 18-0223 Well letter OR |
| | Existing well Land Owner Affidavit Installer Authorization FW Comp. letter App Fee Paid |
| | DOT Approval Parent Parcel # STUP-MH STUP-MH |
| | Ellisville Water Sys Assessment Raid on Property Out County The County Sub VF Form |
| | (owes) |
| _ | |
| Pr | operty ID # 32-2S-16-01809-113 |
| • | New Mobile Home X Used Mobile Home MH Size 32 x 72 Year 2017 |
| • | Applicant Dale Burd or Rocky Ford Phone # 386-497-2311 |
| | Address 546 SW Dortch Street, Fort White, FL, 32038 |
| | Name of Property Owner_Westridge Inc / Bullard Phone#386-752-4339 |
| | 911 Address 253 NW Tomologet, Lake City fc 32055 |
| | Circle the correct power company - FL Power & Light - Clay Electric |
| | (Circle One) - Suwannee Valley Electric - Duke Energy |
| | 386-867-0015 |
| | Name of Owner of Mobile Home Thomas Carney Phone # 386-292-5887 |
| | Address 370 SW Angela Terr, LC, FL, 32024 |
| | Relationship to Property Owner Contract for deed |
| - | |
| • | Current Number of Dwellings on Property 0 |
| • | Lot Size 322 x 675 Total Acreage 5.01 |
| • | Do you : Have Existing Drive (Currently using) or Private Drive or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert) |
| • | Is this Mobile Home Replacing an Existing Mobile Home No |
| = | Driving Directions to the Property US 90 West, TR Lake Jeffery, TR Leonia Way, TR Indian |
| | Ridge Lane, TL Tomoka Court, 3rd lot on right |
| | |
| | |
| | Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203 |
| | Installers Address 6355 SE CR 245, Lake City, FL, 32025 |
| | License Number H-1025386 Installation Decal # 48709 |
| | Dale is Alaxa to F what's needed 31318 |
| | TOIC 12 MILLION CHILLION CARLON TO THE |

Ut Emailed Dale 3-20-18

\$ 615,94

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

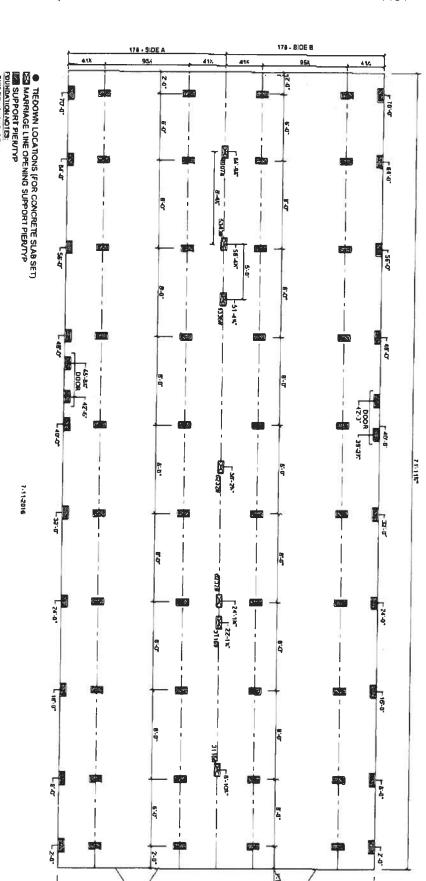
These worksheets must be completed and signed by the installer. Submit the originals with the packet. nome is being installed Manufacturer 911 Address where Typical pier spacing I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ${\bf \hat{n}}$ 4 in NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home hober Shemand A Brotel langerudenal 4 Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) 大戸にかり AXOUSO mamage was plers within 2" of end of home Length x width Installer's initials **a** License # 1 H 1025 386 25 カウ× た2 0 25 OC Rule 150 bearing capacity Load Double wide Home installed to the Manufacturer's Installation Manual Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer -0-11/01 V List all marriage wall openings greater than 4 foot and their pier pad sizes below. Other pier pad sizes (required by the mfg.) Perimeter pier pad size Home is installed in accordance with Rule 15-C I-beam pier pad size Single wide New Home Triple/Quad Opening Draw the approximate locations of marriage wall openings 4 foot or greater. Use this (sq in) symbol to show the piers. Footer size TIEDOWN COMPONENTS 16" × 16" PIER SPACING TABLE FOR USED HOMES Q PIER PAD SIZES Q (256)Installation Decal # Wind Zone II Used Home Serial # 18 1/2" × 18 1/2" (342) Pier pad size 17725 16×16 7425 20" x 20" 10 HO4 11/1 12 22 AG Q (400) Wind Zone III 22" x 22" Longitudinal Marriage wall Shearwall (484)* 4 # within 2' of end of home spaced at 5' 4" oc Sidewall POPULAR PAD SIZES 17 3/16 x 25 3/16 13 1/4 × 26 1/4 20 × 20 OTHER TIES 24" X 24" FRAME TIES ANCHORS (576)* 5 **†** 109 Q 26" x 26" (676)

| Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg | The pocket peneirometer tests are rounded down to \$200 psf or check here to declare 1000 lb. soli without festing. X.\$200 x \$\frac{1500}{200}\$ POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home of 6 locations. 2. Teke the reading at the depth of the footer. 3. Using 500 lb. increments, take the lowest reading and round down to that increment. X.\$200 x \$\frac{1500}{200}\$ TORQUE PROBE TEST The results of the torque probe test is \$\frac{275}{200}\$ inch pounds or check here if you are declaring 5 anchors without testing. Inch pounds or check showing 275 inch pounds or less will require 6 foot anchors. Note: A state approved lateral arm system is being used and 4 it. anchors are allowed at the stoward to cafforins, i undesistand 5 if anchors are allowed at the stoward those foot anchors. I undesistand 5 if anchors are allowed at the stoward the rouble human manufacturer may require a such or with 4000 ib polying capacity. ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER installer Name Data Tested Data Tested Electrical Electrical Electrical |
|---|---|
| Installer verifies all information given with this permit worksheet is accurate and true based on the installer Signature | Debris and organic material removed Water delinage: Natural Swele Pad Cher Floor: Type Fastener: 1045 Wells: Type Gastel former peak of the peak of the contention must stip will be centered over the peak of the peak of the contention must be properly installed or no both sides of the contention must be properly installed or no both sides of the contention. Gastel fearthment of all new and used homes and that condensation, mold, meldew and buckled manifage wats are of tape will not serve as a gasket. Installer's installed. I understand a strip of tape will not serve as a gasket. Type gasket Type gasket Westerproperly installed or no pasket being installed. I understand a strip of tape will not serve as a gasket. Westerproperly installed or manufacturer's specificalities. Westerproperly well installed or manufacturer's specificalities. Westerproperly installed or skirling. Yes Bottom of ridgebeam Yes Skirling to be installed. Yes Freplace chamney installed so as not to allow installed or in water. Yes Freplace chamney installed or skirling. Yes Freplace of the content of the content of the water. Yes Freplace chamney installed or no pasket being installed. I understand a strip The bottomboard will be repaired and/or laped. Yes Bottom of ridgebeam Yes Westerproperly at 4 fool intensels. Westerproperly at 5 fool intensels. Westerproperly at 4 fool intensels. |



Live Oak Homes MODEL: S-3725A - 32 X 76 5-BEDROOM / 3-BATH

THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONDINCTION WITH THE INSTANLATION MANUAL AND IT'S SUPPLEMENTS.
FOOTINGS ARE EXHAMPED REALAPPLE ONLY DUANTITY AND SPACING MAY WARY BASED ON PAD TIPE, SOIL COMMITTON, ETC.
FERUMETER PIERS SHOWN ARE FAIR TAPE AND TEXTURE RERIMETER BLOCKING ONLY AND ARE NOT REQUIRED ON A NOW TAPE AND TEXTURE HOME. EXTERION OPENINGS STILL REQUIRED BLOCKING PER SETUP MANUAL.

(A) MAIN ELECTRICAL CHOOSHOVER
(B) ELECTRICAL CHOOSHOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)

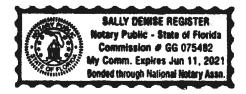
(G) DUCT CHOSBOVER
(H) SEWER DROPS
(I) RETURN AIR (MUDPT HEAT PUMP OHDUCT)
(J) SUPPR V AIR (MYDPT HEAT PUMP OHOUCT)

S-3725A

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

| This is to certify that I, (We),Chris Bullard | / Westridge Inc , | | | |
|--|--|--|--|--|
| as the owner of the below described property: | | | | |
| Property tax Parcel ID number 32-2S-16- | 01809-113 | | | |
| Subdivision (Name, lot, Block, Phase) Indian Ric | ige | | | |
| Give my permission for Thomas Cam | ey to place a | | | |
| Circle one Mobile Home Travel Trailer / UBarn - Sned - Garage / Culvert / | Jtility Pole Only / Single Family Home / Other | | | |
| I (We) understand that the named person(s) a permit on the property number I (we) have list assessment for solid waste and fire protection. Owner Signature | sted above and this could result in an services levied on this property. | | | |
| Owner Signature | Date | | | |
| Owner Signature | Date | | | |
| Owner Signature | Date | | | |
| Sworn to and subscribed before me this | | | | |
| Notary Stamp/ | | | | |



STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| 1 | Permit Applic | cation Number |
|--------------------------|--|--------------------------|
| WESTRIDGE/C | ANNEY PART II - SITEPLAN | |
| Scale: 1 inch = 40 feet. | - | 210 |
| Scale: 1 Inch = 40 feet. | 74 2136 SQ 2136 SQ 2136 SQ 2018' 20 | WELL 104' 104' 3M |
| Notes: 1 of 5,0 | 1 Acrys Son Attoo | |
| | | |
| Site Plan submitted by: | Not Approved | MASTER CONTRACTOR Date |
| Ву | N . | County Health Department |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

LAKE CITY, FL 32056

\$48,500.00 V/U \$55,000.00 V/Q

2017 Certified Values \$32,500.00 \$0.00 \$32,500.00 Exmpt \$0.00 Cnty: \$32,500 Other: \$32,500 | Schl: \$32,500

tion,updated: 3/7/2018, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purpo

powered by GrizzlyLogic.com

Site:

Mail:

Sales

Info

P O BOX 1733

3/14/2015

4/8/2009

Columbia County Froperty

Appraiser

2017 Tax Year

updated: 3/7/2018

Parcel: 32-2S-16-01809-113

Owner & Property Info

| Owner's Name | WESTRIDGE INC | | | |
|-----------------------|---|--------------------|-------|--|
| Mailing Address | P O BOX 1733 LAKE CITY, FL 32056 | | | |
| Site Address | | | | |
| Use Desc. (code) | VACANT (000000) | | | |
| Tax District | 3 (County) Neighborhood | | 32216 | |
| Land Area | 5.010 ACRES | Market Area | 03 | |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | | |
| LOT 13 INDIAN RIDGE S | 5/D PHS 1. WD 1171-1 | 045, WD 1291-1117, | | |

Search Result: 1 of 1

Property & Assessment Values

| 2017 Certified Values | | |
|-----------------------|--------------|----------------------|
| Mkt Land Value | cnt: (0) | \$32,500.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (0) | \$0.00 |
| XFOB Value | cnt: (0) | \$0.00 |
| Total Appraised Value | | \$32,500.00 |
| Just Value | | \$32,500.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$32,500.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | | Cnty: \$32,500 |
| TOTAL TAXABLE VALUE | Other: \$32, | 500 Schl: \$32,500 |

| 2018 Working Values | | (Hide Values) |
|-----------------------|------------|--|
| Mkt Land Value | cnt: (0) | \$33,500.00 |
| Ag Land Value | cnt: (1) | \$0.00 |
| Building Value | cnt: (0) | \$0.00 |
| XFOB Value | cnt: (0) | \$0.00 |
| Total Appraised Value | | \$33,500.00 |
| Just Value | | \$33,500.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$33,500.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | Other: \$3 | Cnty: \$33,500 3,500 Schl: \$33,500 |

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

| | | | 993620 I | | |
|------|---|---------------|----------|---|-----|
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District No. 1 - Ronald Williams District No. 2 - Rusty DePratter District No. 3 - Bucky Nash District No. 4 - Everett Phillips District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:

3/14/2018 3:16:44 PM

Address:

253 NW TOMOKA Ct

City:

LAKE CITY

State:

FL

Zip Code

32055

Parcel ID

01809-113

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com

A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

- (O) 386-758-3409
- (F) 386-758-3410
- (C) 386-623-3151

3/13/2018

| To: Colombia County But | ilding Department |
|---|---|
| Description of well to be installed Located at Address: | for Customer: CARNEY, DMOKA CUNT, LL, FL, 3255 |
| 1 hp 15 GPM Submersible Pump, flow prevention, With SRWMD p | , 1 ¼" drop pipe, 86 gallon captive tank and back permit. |
| Bruc Parl | |
| Sincerely | |
| Bruce Park | |
| President | |



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hemando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

| TO TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW | |
|--|---|
| , LICENSED QUALIFII | ER AUTHORIZATION |
| My har/ A Goland | (license holder name), licensed qualifier |
| for ACIE A/L OF OCKA | (company name), do certify that |
| the below referenced person(s) listed on this for | m is/are contracted/hired by me, the license augh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said d control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DA/2 RAd | 1.4.75 |
| 2. Kalla Dishap | 2. Kelly Bashop |
| 3. Kerry Firet | 3. Nortz 1) |
| 4. | 4. |
| 5. | 5. |
| under my license and fully responsible for completional Ordinances. I understand that the State are authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted | nd County Licensing Boards have the power and one committed by him/her, his/her agents, asibility for compliance with all statutes, codes |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or life. | ing of the changes and submit a new letter of ious lists. Failure to do so may allow |
| Licensed Qualifiers Signature (Notarized) | CAURITHU ESIXCYXU License Number Date 1117/15 |
| NOTARY INFORMATION STATE OF COUNTY OF | march |
| The above license holder, whose name is MC personally appeared before me and is known by (type of ID) on | me or has produced identification this day of New 1, 20 15 |
| NOTARYS SIGNATURE JOOG | (Seal/Stamp) |
| | AMANDA FLOOD MY COMMISSION # FF 106012 EXPIRES April 5, 2018 Bonded Thru Notery Public Underenters |



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

| , Charle Whitington | (license holder name), licensed qualifier | | | | |
|--|--|--|--|--|--|
| for CUNITINGTON ELECTIC | (company name), do certify that | | | | |
| the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf. | | | | | |
| Printed Name of Person Authorized | Signature of Authorized Person | | | | |
| 1. DAK BURN | 1 | | | | |
| 2. Kecky Tona | 2. Jinly / | | | | |
| 3. | 3. | | | | |
| 4. | 4. | | | | |
| 5. | 5. | | | | |
| I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer agents, employee(s), or | | | | | |
| officer(s), you must notify this department in writ authorization form, which will supersede all prev unauthorized persons to use your name and/or I | ing of the changes and submit a new letter of ious lists. Failure to do so may allow | | | | |
| Licensed Qualifiers Signature (Notafized) | <u>EC 1300 2957</u> 3/7/16 License Number Date | | | | |
| | Colmbia | | | | |
| personally appeared before me and is known by | me or has produced identification this day of , 20 , 20 20 | | | | |

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Robert Sheppard

PHONE 386-623-2203

Sub-Contractors Signature

| | THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT | | | | |
|--|---|-------------------------|-----------------|------------|---|
| 1 | | | | | Carney |
| In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County. | | | | | |
| , - | ubcontractor | beginning any work. Vid | • | - | peing submitted to this office prior to the work orders and/or fines. |
| ELECTRICAL | Print Name_ | Glenn Whittington | | Signature_ | |
| | License #: | EC13002957 | | Phone #: _ | 386-972-1700 |
| 1074 | | Qualifier | Form Attached | X | |
| MECHANICAL/ | Print Name | Michael Boland / Ace | e AC of Ocala | Signatur | |
| A/C 1669 | License #: | CAC1817716 | | Phone #: | 352-274-9326 |
| | | | Form Attached | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Qualifier Forn | ns cannot he | submitted for any Spe | ecialty License | | |

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Sub-Contractors Printed Name

License Number

Revised 10/30/2015

Specialty License

CONCRETE FINISHER

MASON

APPLICATION NUMBER



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

| | 10 111 |
|------------|---------|
| PERMIT NO. | |
| DATE PAID: | 3112110 |
| FEE PAID: | えば |
| RECEIPT #: | 1000 |
| | |

| APPLICATION FOR: [X] New System [] [] Repair [] | Existing Sys Abandonment | tem [|) H | Holding | Tank Tank | [] | Innovative |
|---|--|--|-------------------------|--------------------|------------------------------|-------------------------------|------------------|
| APPLICANT: Westridge Inc / | Carney | | | | | | |
| AGENT: ROCKY FORD, A & B CO | NSTRUCTION | | | | TELE | PHONE : | 386-497-2311 |
| MAILING ADDRESS: 546 8W Dor | toh Street, 1 | FT. WHITE, | FL, 3 | 2038 | | | |
| TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUAL APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUES | T OR APPLICANT TO 489.105 TO PROVIDE DO STING CONSIDER | NT'S AUTHOR 5 (3) (m) OR CCUMENTATION OF | RIZED 489.5 ON OF | 52, FLC THE DAT | SYSTEM RIDA ST E THE I | MS MUST PATUTES LOT WAS | 3. IT IS THE |
| PROPERTY INFORMATION | | | | - | | | |
| LOT: 13 BLOCK: na | | | | | | | |
| PROPERTY ID #: 32-25-16-018 | | | | | | | |
| PROPERTY SIZE: 5.01 ACRES | WATER SUPPL | Y: [Y] PR | IVATE | PUBLI | c []< | =2000G | PD []>2000GPD |
| IS SEWER AVAILABLE AS PER 36 | 11.0065, FS? | [Y (N) | | D | ISTANCI | E TO SE | EWER:FT |
| PROPERTY ADDRESS: N | | | | | | | |
| DIRECTIONS TO PROPERTY: US | 0 west, TR | Lake Jeff | ery P | load, T | R Leon | ia Way | , TR Indian |
| Ridge Lane, TL Tomoka Cour | rt, 3rd lot | on right | | - | | 77 | |
| | | | | | | | |
| BUILDING INFORMATION | RESID | ENTIAL | 1 |) COM | ERCTAL | | |
| Unit Type of No Establishment | No. of Bedrooms | Building Area Sqft | Comme Table | rcial/I 1, Cha | nstitu pter 6 | tional ME-6, F | System Design |
| SF Residential | 5 | 2136 | | 3 1 34-9 | | <u> </u> | 2 |
| 3 | - | | | | | - | da managament to |
| [] Floor/Equipment Drains | Othe | r Specify |) | 10.7 | | | |
| BIGNATURE: Och | 1-5 | | | | | E: 3/1 | 2/2018 |
| DH 4015, 08/09 (Obsoletes pre Incorporated 64E-6.001, FAC | vious editio | ns which m | ay not | be us | ed) | | |

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number LA) ESTRIBOR / CARANIY --- PART II - SITEPLAN ----240 Scale: 1 inch = 40 feet. 40 104 2136 SQ, 13 74 100 3981 177 98 $\mathbb{P}\mathcal{U}$ DRIVE 19 1 of 5,01 Henre Notes: Site Plan submitted by MASTER CONTRACTOR Plan Approved Not Approved Date 3/4/17 County Health Departmen CHÂNGES 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)

Page 2 of