

SSO 018 208 047



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

56

PERMIT NO. 22-0043
DATE PAID: 11/19/22
FEE PAID: 425.69
RECEIPT #: 1786407

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: James R. WilliamsAGENT: OWNERTELEPHONE: 407 325-1978MAILING ADDRESS: 2768-S. TANNER ROAD ORLANDO FL 32820

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: 4 BLOCK: B SUBDIVISION: OAK HAVEN PLATTED: _____PROPERTY ID #: 12-35-15-00167 ZONING: SF I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ N DISTANCE TO SEWER: 125 FTPROPERTY ADDRESS: 162-N.W 162-DOGWOOD TERRACEDIRECTIONS TO PROPERTY: LAKE JEFFERY RD TO OAK HAVEN TURN LEFT INTO SUBDIVISION

BUILDING INFORMATION

☒ RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE Family Home</u>	<u>3</u>	<u>4035 Total</u>	<u>2660 = Living space</u>
2				
3				
4				

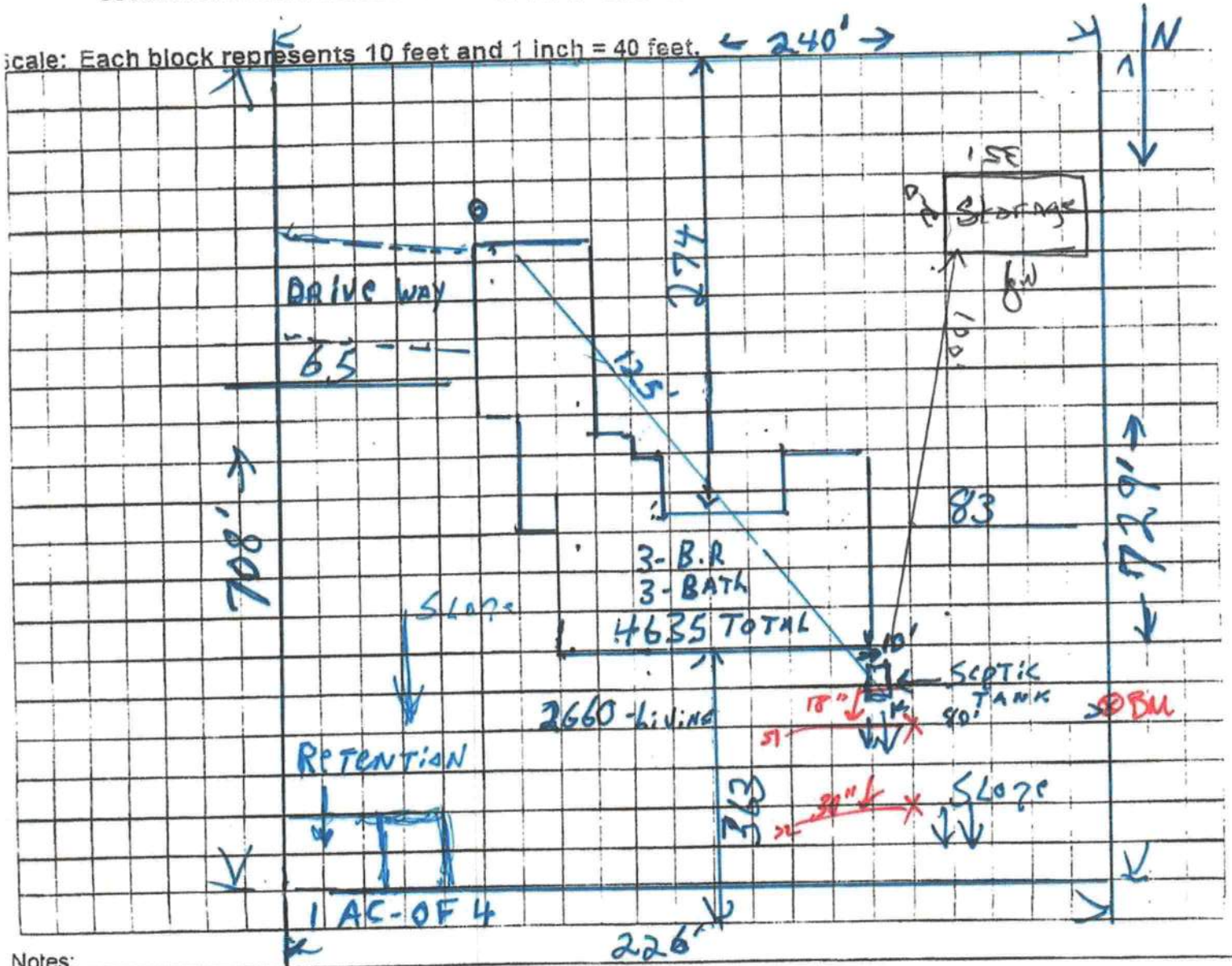
[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: James R. WilliamsDATE: 1-19-22

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PART II - SITEPLAN



Notes:

Site Plan submitted by David W. Hays OWNER TITLE

DATE:

Plan Approved [Signature] Not Approved

Date 1/26/22

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT