



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

21.0029-E
PERMIT NO. _____
DATE PAID: 11.12.21
FEE PAID: 60.00
RECEIPT #: _____
AP1763506

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Tyler Kuhn - Duane Sandrock

AGENT: TRECA Foster

TELEPHONE: 386-59

MAILING ADDRESS: 10314 US Hwy 90 E Live Oak, FL 32060

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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.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 26-45-17-08747-013

ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1196 Peacock Terrace

DIRECTIONS TO PROPERTY: 41 S 14 miles Take (L) on CR 252 East
go 3.4 miles turn (R) onto SE Peacock terrace
0.3 miles on (R)

BUILDING INFORMATION

[X] 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>Mobile home</u>	<u>3</u>	<u>1904</u>	
2				
3				
4				

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

SIGNATURE: Tyler Kuhn

DATE: 11-4-21



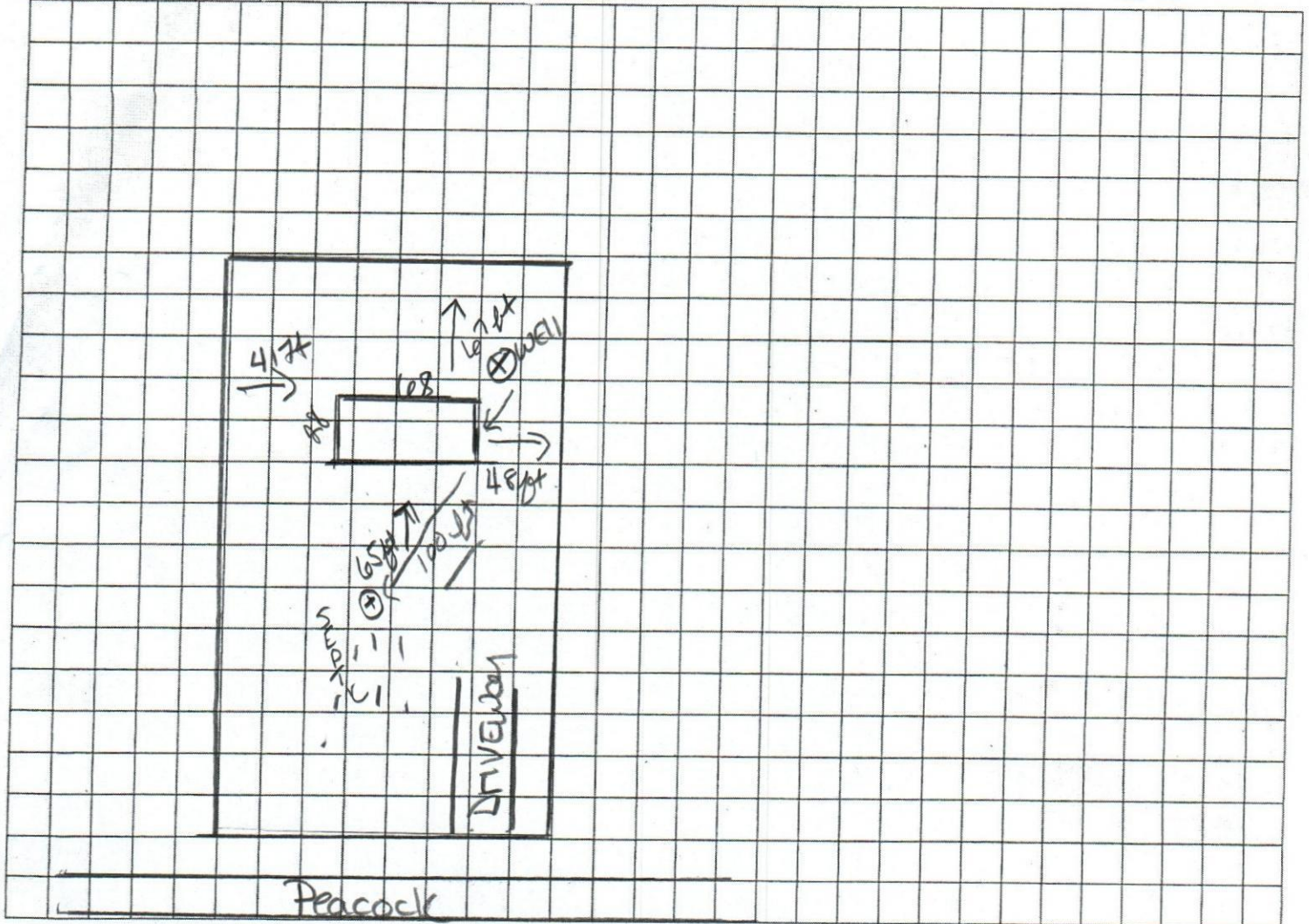
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 21-0929-E

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

Scale:

$1" = 20'$



Notes: _____

Site Plan submitted by: [Signature] _____

Plan Approved X _____ Signature Not Approved _____

By Salli Ford Env Health Director _____ Date 11-12-21 _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT