

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

PERMIT NO.	31-0324
DATE PAID: FEE PAID:	250
RECEIPT #:	1653397

APPLICATION FOR: [] New System [] Ex [] Repair [] Ab	cisting System	[]	Holding Tank Temporary	[] [wimming Pod
APPLICANT: David Ha	Finer Oral	a Parla C	AL IL Florid	α :	386-755-181
AGENT: Chad Cunning	name-reel	a roots of	Worth ! TEL	EPHONE:	733 209
MAILING ADDRESS: 8390		iveRd	Ft. Whit	e,FL	32038
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	OR APPLICANT'S TO 489.105(3) PROVIDE DOCUME	(m) OR 489. ENTATION OF	552, FLORIDA :	STATUTES.	IT IS THE CREATED OR
PROPERTY INFORMATION	·		1 11	PhI	diginal allasis dilanga manga digina manga dilang diginal manga dilang manga dilang manga dilang diginal dilang
LOT: 23 BLOCK: :					
PROPERTY ID #: 29 - 25 - 16					
PROPERTY SIZE: 5.0 ACRES	WATER SUPPLY:	[🗶] PRIVAT	E PUBLIC []<=2000GP	D []>2000GPD
IS SEWER AVAILABLE AS PER 381					
PROPERTY ADDRESS: 311 IV N					
DIRECTIONS TO PROPERTY: Tak	e SW Mair	BIVD	(Don S	uwani	nee
Valley Rd, Dor	r Castle i	Nood C	it, Resi	dene	eon(C)
BUILDING INFORMATION	[X RESIDENT	IAL	[] COMMERCIA	AL	
Unit Type of No Establishment	No. of Bui Bedrooms Are		mercial/Instit le 1, Chapter		
1 Swimming pool	- 0	0	ORIGINAL A	TACHED	
2			ORIGINAL A	TACHED	
3					
4					
[] Floor/Equipment Drains	[X] Other (Specify) S	wimming	p00	1
SIGNATURE:	1			DATE: 3	129/2021

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 2/-033

13 6 29 1 29 1 29 1 29 1 29 1 29 1 29 1 29	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
60 7	
Septe 1	50 tc
100+ 373777	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT