

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

PERMIT NO.	21-0418
DATE PAID:	4/300
FEE PAID:	60,00
RECEIPT #:	1660073

APPLICATION FOR:	2021 0021022			_		
APPLICATION FOR:  [ ] New System [ ] E [ ] Repair [ ] A		cem [	] Holdin	g Tank ary	[ ]	Innovative
APPLICANT: EDWARD	SAPP"					
AGENT:		,		TEI	EPHONE:	352-214-366
MAILING ADDRESS: 422	S.W. GRE	y Wax	4164 58	RINGO	i, FL	32643
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES	T TO 489.105 O PROVIDE DO	(3) (m) OR CUMENTATIO	489.552, I N OF THE I	CLORIDA DATE THE	STATUTE LOT WA	S. IT IS THE S CREATED OR
PROPERTY INFORMATION						
LOT: 24 BLOCK:	SUBDIVISION	: RIVER	RISE	UNIT	<u>)                                    </u>	PLATTED:
PROPERTY ID #: 16-75-17-	10006-23	24 ZONIN	G:	_ I/M O	R EQUIVA	ALENT: [Y/N]
PROPERTY SIZE: 5 ACRES	WATER SUPP	LY: [ ] PR	IVATE PUR	BLIC [	]<=2000	GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS?	[YN]		DISTA	NCE TO	SEWER:FT
PROPERTY ADDRESS: 423	2 5-W. G	REY WA	ax, H1	4 H SE	RINGS	FL 32643
DIRECTIONS TO PROPERTY:	15 441	AND CR	778			
BUILDING INFORMATION	[ NESI	DENTIAL	[ ]	COMMERCI	AL	
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Commerciant Table 1,			al System Design FAC
1 STORAGE BARN	0	1250				
2		100				
3		-	-			
4						
[ ] Floor/Equipment Drains	[ ] Oti	her (Specif	(y)			
SIGNATURE:	for				DATE:	4-30-21

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

21-0418

Permit Application Number 16-75-17-10006-224

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

