

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

PERMIT NO.	21-8617
DATE PAID:	71931
FEE PAID:	60 33
RECEIPT #:	1678/22

APPLICATION FOR: [] New System [[] Repair [Existing Sys Abandonment	tem [] Holding	Tank []	Innovative
APPLICANT: Theresa	Foster				
AGENT: T.S. Prevat	+			TELEPHONE	:
MAILING ADDRESS: 9900	I NW CR ZZG	3 Starke,	FL 3209	/	
TO BE COMPLETED BY APP. BY A PERSON LICENSED PO APPLICANT'S RESPONSIBLE PLATTED (MM/DD/YY) IF I	URSUANT TO 489.10! LITY TO PROVIDE DO	5(3)(m) OR OCUMENTATION	489.552, FLO	RIDA STATUT	ES. IT IS THE AS CREATED OR
PROPERTY INFORMATION					
LOT: 14 BLOCK:	SUBDIVISION	: Timbe	clands		PLATTED: 3/27/0
PROPERTY ID #: 10-45	-16-09856-111	ZONING	: :	I/M OR EQUIV	ALENT: [Y/N]
PROPERTY SIZE: 56	ACRES WATER SUPPI	LY: [] PR	VATE PUBLI	C []<=200	OGPD []>2000GPD
IS SEWER AVAILABLE AS I	PER 381.0065, FS?	[Y /N]	1	DISTANCE TO	SEWER:FT
PROPERTY ADDRESS: 135	Black Maple (
DIRECTIONS TO PROPERTY:					
Timber Ridge D	r. R on SW	Black M	cole Ct		
0			•		
BUILDING INFORMATION	[RESID	ENTIAL	[] COM	MERCIAL	
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft	Commercial/ Table 1, Ch	Institutions apter 64E-6,	al System Design
1 5FR	3	3100			
2 Inground fiberglass				plante or sail as	
3 Jumming foot		19492		DEG	EUVEN
4				JUL	1 4 2021
[] Floor/Equipment D	rains [] Oth	er (Specify)	Ву	
SIGNATURE:	folio			DATE:	1502117

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_

le: Each block represents 10 feet and	1 inch = 40 feet.				
	334				
	30,8	Furc :			
90 x		4	₩ X	/	
PORCH	100	1	•	-/-	
THE TOUSE	9 V V				
" HOUSE	AP - NEW		1		
[6D]		-1	10		
N N N N N N N N N N N N N N N N N N N	existina septic toon				
100	2014			+++	
SW BLACK				>	
Maple Coule	V			-++-	-
				-	++
es:			1 1 1 1	, , ,	
	7	>			
Plan submitted by:	Not Appro	heve		Date	7-7,15
TAPPIOVED	Env Heal	Ma Dic	a bard		alth Departm

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT