

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

DATE PAID: FEE PAID: RECEIPT #:

PERMIT NO\_

| al- | 0471 |
|-----|------|
| 15  | 2012 |
| 42  | 500  |

| APPLICATION FOR CONSTRUCTION PERMIT   |
|---|
| APPLICATION FOR:    New System  |
| APPLICANT: SUAN A. AYLICO   |
| AGENT:  |
| MILING ADDRESS: 21653 USHWY 441<br>MIN SPYMSS F) 32643  |
| 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: 5 -   S BLOCK: SUBDIVISION: String Rule PLATTED:  PROPERTY ID #: 03 932 209 ZONING: I/M OR EQUIVALENT: [Y/N]   |
| PROPERTY SIZE: 5.15 ACRES WATER SUPPLY: [ ] PRÍVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD   |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER:FT  |
| PROPERTY ADDRESS: 612 SW HUNDERSON TEXT FOR White F132038   |
| DIRECTIONS TO PROPERTY: 60MM NW COY OF SCC. RUN 25 FF   |
| to E R/w luzy oan rd cont & 815.61 Ft, 5 2335.97  |
| ft for PoB cont S 291.20  |
| BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL   |
| Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC   |
| 1) Mobile Nome 43 59799 42 x 26 1092 Sqft   |
| 4 peru finaled  |
| [ ] Floor/Equipment Drains [ Other (Specify)  |
| SIGNATURE: DATE: 05-17-202  |

## STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR CONSTRUCTION PERMIT

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