

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

PERMIT NO.	20-0753
DATE PAID:	5/1/2/20
FEE PAID:	Lab Da
RECEIPT #:	100000
	12 1097

APPLICATION FOR: [] New System [\] E: [] Repair [] Al APPLICANT: Sirgid JA	xisting System [] Holding Tank [] Innovative candonment [] Temporary []
AGENT:	TELEPHONE: 786 399 - 0683
MAILING ADDRESS: 4869 N	US 441 . Lake city . FL 32055
BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO	OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED T TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR FING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	
LOT: BLOCK:	SUBDIVISION: PLATTED:
	- 04846 occ zoning: i/m or equivalent: [Y AN]
PROPERTY SIZE: 4 ACRES	WATER SUPPLY: [] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [Y/N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS:	68 N US. 441. Lake city. FL 32055
BUILDING INFORMATION	[X] RESIDENTIAL [] COMMERCIAL
Unit Type of No Establishment	No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
House	3 1458
2	
3	
4	
[] Floor/Equipment Drains	[] Other (Specify) DATE: 9/10/40
DH 4015, 08/09 (Obsoletes pr Incorporated 64E-6.001, FAC	evious editions which may not be used)

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STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0752

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Slock Number: 5744-002-4015-6)

