

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

PERMIT NO.	21-0777
DATE PAID:	9/20/21
FEE PAID:	180.0h
RECEIPT #:	173222
	1 - 1-1

APPLICATION FOR: [] New System [] F [] Repair [] F	Existing Syste	em [] Holding] Tempora:	Tank [] Innovative
APPLICANT: M.H. PARK	LLC (TW	IN SPRIN	165)		
AGENT: PAUL B	BINEY			TELEPHO	NE: 386-209-090
MAILING ADDRESS: 464	SW DEP 5	DAWS 21	V, LAKE	Cry	
TO BE COMPLETED BY APPLICANS BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY S PLATTED (MM/DD/YY) IF REQUES	TO 489.105 TO PROVIDE DO	(3) (m) OR 4 CUMENTATION	89.552, FLO	ORIDA STAT	TUTES. IT IS THE WAS CREATED OR
PROPERTY INFORMATION		1 ,	0	HAIA	
LOT: BLOCK:	SUBDIVISION:	Wells,	Spgs.	MHP	PLATTED:
PROPERTY ID #: 33-35-16-02	2440 - 000	ZONING	:	I/M OR EQU	UIVALENT: [YN]
PROPERTY SIZE: 26 ACRES	WATER SUPPLY	Y: [] PRI	VATE PUBL	IC []<=2	:000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 3				DISTANCE :	TO SEWER: 7300' FT
PROPERTY ADDRESS: 285	N.W. PAR	in RD			
DIRECTIONS TO PROPERTY: 🔼	5-90 WES	TO TO	RNER RE	TR	TO NW PARK B
TL FOLLOW DOWN	W HILL & A	AROUND C	DRUER 7	o SITE	ON RIGHT
BUILDING INFORMATION	[] RESID	ENTIAL	[] co	MMERCIAL	
Unit Type of No Establishment	No. of Bedrooms		Commercial Table 1, C		ional System Design E-6, FAC
1 PRIVATE RESIDENCE	.3	1737			
2		1232			
3			<u> </u>		
4					
[] Floor/Equipment Drain	[] Oth	er (Specify	r)		
SIGNATURE: Yand ask	Paun Ag	rest		DATI	E: 9-20-21
DH 4015, 08/09 (Obsoletes p Incorporated 64E-6.001, FAC		ons which n	may not be	used)	Page 1 of 4

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

