PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

| I | For Office Use Only (Revised 7-1-15) Zoning Official Building Official |
|-----|---|
| 1 | AP# 1907-80 Date Received 7/19/19 By MG Permit # 38419 |
| F | Flood ZoneX Development Permit Zoning A~3 Land Use Plan Map Category As |
| | Comments Per Plat Zone A elevation set. Minimum finished Play |
| | elevation is 69', weed elevation confirmation letter before pour |
| F | EMA Map# Elevation 68 / Finished Floor 69, River In Floodway |
| d | Recorded Deed or Veroperty Appraiser PO Site Plan VEH# 19-057) Well letter OR |
| | Existing well |
| | DOT Approval Parent Parcel # STUP-MH 911 App |
| | Ellisville Water Sys Assessment Asid on Property Out County In County Sub VF Form |
| L. | 0wed |
| | |
| Pro | operty ID #08-6S-17-09626-128 SubdivisionTustenuggee Hills S/D Lot#28 |
| • | New Mobile Home MH Size 28 x 56 Year 2019 |
| | Applicant Dale Burd Phone # 386-365-7674 |
| | Address20619 County Road 137, Lake City, FL, 32024 |
| | Name of Property Owner Country Dreams LLC Phone# 352-339-4487 |
| | 911 Address 648 SW. NEwton CR. 3 LINAS, DC 32038 |
| | Circle the correct power company - FL Power & Light - (Clay Electric) |
| | (Circle One) - Suwannee Valley Electric - Duke Energy |
| | |
| | Name of Owner of Mobile Home Thomas Bowman Phone # 386-406-1576 |
| | Address 1210 Ave E, Ormond Beach, FL, 32174 |
| • | Relationship to Property Owner Contract for deed |
| | Current Number of Dwellings on Property 0 |
| | 4.04 |
| | Lot Size 338 X 517 Total Acreage 4.01 |
| • | Do you : Have Existing Drive or Private Drive or need Culvert Permit (Currently using) or Culvert Waiver (Circle one) (Reliable Road Sign) (Putting in a Culvert) |
| | Is this Mobile Home Replacing an Existing Mobile Home Yes |
| • | Driving Directions to the Property Tustenuggee South, TL Newton Circle, 1/2 mile on right |
| | Address 648 Newton Circle |
| | |
| | |
| • | Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203 |
| • | Installers Address 6355 SE CR 245, Lake City, FL, 32025 |
| | License Number IH-1025386 Installation Decal # 61857 |

| | | | | | Typical pler spacing Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations) | I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in installer's initials | Manufacturer LIVE CAK Length x width 5 6 7 28 NOTE: If home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home | 911 Address where 648 N5. Utan Cx Clks home is being installed. FourtUh, nx, F1, 52058 | These worksheets must be completed and signed by the installer. Submit the originals with the packet. Installer Robert Shepard License # IN1025386 |
|--|----------|---|---------------------|--|--|---|--|--|--|
| Manufacturer Ma | * | 20 × 20 20 × 20 1/6 × 25 3/16 1/2 × 25 1/2 24 × 24 26 × 26 | ⁷⁶ | RPAD SIZES Pad Size Pad Size | A (a) | | Triple/Quad Serial # Concession Decail # Conce | alled in accor | New Home Used Home : |

COLUMBIA COUNTY PERMIT WORKSHEET

| page |
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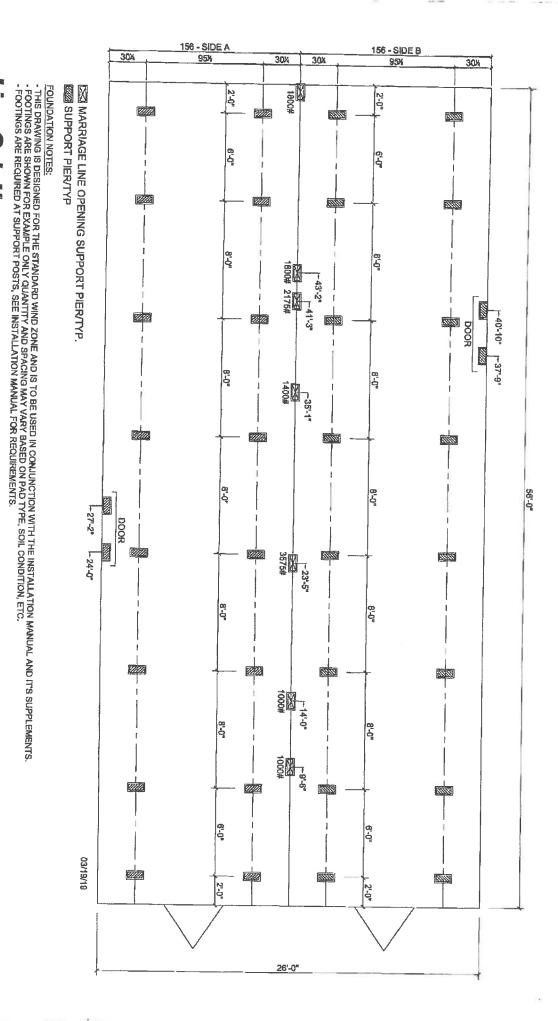
| Irce. This includes the bonding wire between multi-wide units. Fg | Connect electrical conductors between multi-wide units, but not to the main power | Elochical | | ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER A bort Shallon | Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline the points where the torque test reading is 276 or less and where the mobile home manufacturer may requires anchors with 4000 b holding capacity. Installer's initials | TORQUE PROBE TEST The results of the torque probe test is 20 inch pounds or check here if you are declaring 5' enchors without testing A test showing 275 inch pounds or less will require 5 foot anchors. | X X X X X X X X X X X X X X X X X X X | 3. Using 500 lb. Increments, take the lowest 3. Using 500 lb. Increments, take the lowest | Test the perimeter of the frome at 6 locations. | x | POCKET PENETROMETER TEST The pocket penetromater tests are rounded down to or check here to declare 1000 lb. soil without tasting. |
|---|---|-----------|--|---|---|---|---|--|--|-------------------------------|---|
| Installer verifies all information given with this permit worksheet is accurate and true based on the | | | Dryer vert installed outside of skirting. Yes NA WARANGE downflow vent installed outside of skirting. Yes N/A WARANGE Supported at 4 foot intervals. Yes WARANGE Supported at 4 foot intervals. Yes WARANGE Supported Suppor | 90112 | Weatherproofing The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes Fireplace chimney installed so as not to allow intrusion of rain water. Yes | Type gasket Form installed: Between Floors Yes Between Walls Yes Bottom of ridgebeam Yes | homes and that condensation, mold, meldew and buckled marriaga walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket | Gasket (wretherworter) for all new and used | Roof. Type Fastener: 1643 Length: Specing For used homes a min. 30 gauge, 8" wide, gelvanized metal strip will be centered over the peak of the roof and festened with galv. roofing nails at 2" on center on both sides of the centerline | Type Fastener: 14.95 Length 3 | Debris and organic material removed Pad Other Other Other Other Other Pad Other |

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

28

Installer Signature

Date 7//7//9



Live Oak Homes MODEL: L-2564F - 28 X 56 4-BEDROOM / 2-BATH

Columbia County Property Appraiser

Jeff Hampton

Parcel: << 08-6S-17-09626-128 >>>

2018 Tax Roll Year updated 6/25/2019

| Owner & Pr | operty Info | Res | sult: 1 of 1 | | | |
|--------------|--|--------------|--------------|--|--|--|
| Owner | | | | | | |
| Site | 648 NEWTON CIR, FORT WHITE | | | | | |
| Description* | LOT 28 TUSTENUGGEE HILLS S/D. 703-519, 792- 1876, 982-2333, WD 1024-2557, WD 1084-2759, QC 1154-2507, QC 1185-1994, WD 1377-18 | | | | | |
| Area | 4.01 AC | S/T/R | 08-6S-17 | | | |
| Use Code** | VACANT (000000) | Tax District | 3 | | | |

"The <u>Description</u> above is not to be used as the Legal Description for this parcel in any legal transaction.
"The <u>Use Code</u> is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

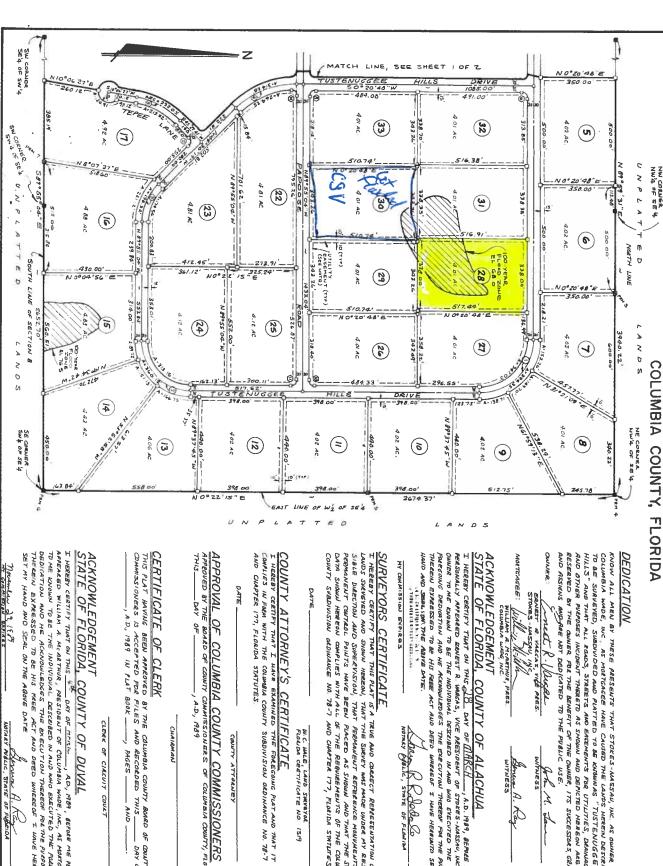
| Property & A | ssessment Va | lues | | |
|--------------|-----------------|---------------------|-----------------|--|
| 2018 Cert | ified Values | 2019 Working Values | | |
| Mkt Land (1) | \$26,240 | Mkt Land (1) | \$26,240 | |
| Ag Land (0) | \$0 | Ag Land (0) | \$0 | |
| Building (0) | \$0 | Building (0) | \$0 | |
| XFOB (0) | \$0 | XFOB (0) | \$0 | |
| Just | \$26,240 | Just | \$26,240 | |
| Class | \$0 | Class | \$0 | |
| Appraised | \$26,240 | Appraised | \$26,240 | |
| SOH Cap [?] | \$0 | SOH Cap [?] | \$0 | |
| Assessed | \$26,240 | Assessed | \$26,240 | |
| Exempt | \$0 | Exempt | \$0 | |
| | county:\$26,240 | | county:\$26,240 | |
| Total | city:\$26,240 | | city:\$26,240 | |
| Taxable | other:\$26,240 | Taxable | other:\$26,240 | |
| | school:\$26,240 | | school:\$26,240 | |



| Sales History | | | | | | | | |
|---------------|------------|-----------|------|-----|-----------------|-------|--|--|
| Sale Date | Sale Price | Book/Page | Deed | V/I | Quality (Codes) | RCode | | |
| 1/18/2019 | \$18,000 | 1377/0018 | WD | V | Q | 01 | | |
| 12/8/2009 | \$100 | 1185/1994 | QC | V | U | 11 | | |
| 7/14/2008 | \$50,285 | 1154/2507 | QC | V | U | 01 | | |
| 4/18/2006 | \$50,000 | 1084/2759 | WD | V | Q | | | |
| 8/30/2004 | \$20,000 | 1024/2557 | WD | V | Q | | | |
| 4/30/2003 | \$12,000 | 982/2333 | WD | V | U | 08 | | |
| 6/30/1994 | \$11,000 | 792/1876 | WD | V | U | 12 | | |
| 7/27/1989 | \$10,995 | 703/0519 | AG | V | Q | | | |

| Building Chara | cteristics | | | | | |
|-----------------------|------------|------------|----------|---------|-----------|------------|
| Bldg Sketch | Bldg Item | Bldg Desc* | Year Blt | Base SF | Actual SF | Bidg Value |
| | | | NONE | | | |

| Extra Fe | eatures & O | ut Buildings (C | odes) | | | |
|----------|-------------|-----------------|-------|-------|------|--------------------|
| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
| | | | | NONE | | |



A SUBDIVISION IN THE SI/2 OF SECTION 8, T6-S, R COLUMBIA COUNTY, FLORIDA ENUGGEE RI7-E

SCALE | " - 200

PLAT BOOK 5, PAGE 140\$

SHEET 2 OF 2

KNOW ALL MEN BY THESE PRESENTS THAT STOKES-MASSAU, INC. AS OWNER AND COLUMBLA WADE, INC., AS MATGAGES HAVE CAUSED THE LANDS HEREIN DESCRIBED TO BE SURVEYED, SUBDIVIDED AND PLATTED TO BE KNOWN AS "TUSTENUGGEE HILLS" AND THAT ALL ROADS, STREETS AND EAREMENTS FOR UTILITIES, DANNAGE AND OTHER PURPOSES INCIDENT THREETD AS SHOWN AND DEPICTED HEREON ARE AND ASSIGNS AND ARE NOT DED CATED TO THE PUBLIC USE RESERVED BY THE COUNTRY POR THE BENEFIT OF THE OWNER, ITS SUCCESSORS, GRANTEES

AM A MCARTHUR, PARS VICE PRES. Wirness.

PARTONIC DEDICATION AND HE ACKNOWLEDGES THE EXECUTION THEREOF FOR THE PURPLESS THEELIN EXPRESSED TO BE HIS FREE ACT AND DEED, WHEREOF I HAVE HERENTO SET MY IT HERERY CERTIFY THAT ON THIS \underline{AB} . DAY OF \underline{BIRKSH} ...A. 1989, REPAIR HE REASONALLY APPEARED REMEST R. WARAS, VICE PRESIDENT OF STREES NASSIN, WK., AS OWNER TO ARE THE INDIVIDUAL DESCRIBED IN AND WHO EFECUTED THE COUNTY OF ALACHUA

NOTICE RESIDER STATE OF FLORING

SURVEYORS CERTIFICATE.

THEREBY CERTIFY THAT THIS PLAT IS A TRUE AND CHARECT REPLEASINATION OF THE LANDS SALVEYED AND SIDNOWN HEREON, THAT THE SMEVEY WAS MADE UNDER MY BESON-SIDLE DIRECTION AND SUPERVISION, THAT PERMANENT REPLECIVE MOUNTENTS AND PERMANENT CHARLES AND STATE CHARLES AND PLACED AS SHOWN AND THAT THE STAYES PROPRIAMENT CHARLES AND THE CENTRAL OF THE REPLANTS OF THE COUNTY SUBDIVISION OLDINANCE NO 78-7 AND CHAPTER 177, FLORIDA SMITUTES

M.C. WALE, LAND SWEATOR ISIN

COUNTY ATTORNEY

COLUMBIA COUNTY, FLORIDA

CHAIRMAN

THIS PLAT HAVING BEEN APPROVED BY THE COMMON COUNTY BANED OF CONNTS CONDESS IS ACCOUNTED FOR PLIES AND RECORDED THIS DAY OF THE AD, 1789 IN PLAT BOOK _____, PAGES _____ AND _____. DAY OF

I HEZEBY CEATIFY THAT ON THIS <u>FO</u> DAY OF <u>HYTIL</u>, AD, 1989, BEFORE ME PERDUALLY APPEALED WILLIAM A. Mc ARTHUR, PRESIDENT OF COLUMBIA WADE, INC., AS MUTICACEE TO ME KNOWN TO BE THE INDIVIDUAL DESCENBED IN AND WHO EXECUTED THE FARECOING DEDITATION AND HE ACKNOWLEDGES THE EXECUTION THEREOF THATHE PURPOSES. THEREIN EXPRESSED TO BE HIS FREE ACT AND DEED WHEREOF THANE HEREUNTO SET MY HAND AND SEAL ON THE ABOVE DATE

My commission explass

Columbia County, FLA - Building & Zoning Property Map

Printed: Tue Jul 30 2019 13:41:18 GMT-0400 (Eastern Daylight Time)

Parcels

Addresses

SRWMD Wetlands

2018Aerials

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2018 Flood Zones

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Addressing: 2018 Base Flood Elevation Content 2018 Base Flood Elevations

DEFAULT

Base Flood Elevations

2018 Base Flood Elevation Zones

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LidarElevations



Parcel Information

Parcel No: 08-6S-17-09626-128 Owner: HILL JAMES H JR & GAIL Subdivision: TUSTENUGGEE HILLS

Lot:

Acres: 4.012808
Deed Acres: 4.01 Ac
District: District 4 Toby Witt

Future Land Uses: Agriculture - 3, Conservation

Flood Zones:

Official Zoning Atlas: A-3, CSV

All data, information, and maps are provided as is without warranty or any representation of accuracy, timeliness of completeness. Columbia County, FL makes no warranties, express or implied, as to the use of the information obtained here. There are no implies warranties of merchantability or fitness for a particular purpose. The requester acknowledges and accepts all limitations, including the fact that the data, information, and maps are dynamic and in a constant state of maintenance, and update.

<u>CONSENT</u>

This is to certify that I, (We), <u>Country Dreams</u>, <u>LLC</u>, as the Seller, by an <u>Agreement</u> for Deed, of the below described property:

Sec.8 Twp.6S Rge.17E

Tax Parcel No.08-6S-17-09626-128

Lot 28 of Tustenuggee Hills, a subdivision recorded in Plat Book 5, Page 140 and 140a of the public records of Columbia County Florida.

give permission for <u>Thomas E. Bowman and/or Caren Bowman</u> to obtain permits for a home or mobile home, well, septic, electric, culvert and the installation of same on this property in Columbia County.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

Dated this 2nd day of April, 2019.

Witness Katharine Ponlatowski

Alan R. Jean, Authorized Member

Sworn to and subscribed before me this 2nd day of April 2019, by Alan R. Jean, Authorized Member, Country Dreams, LLC.

Katharine Poniatowski Notary's name printed/typed

KATHARINE PONIATOWSKI
Commission # GQ 253883
Expires August 29, 2022
Bonded Time Tray Fain Insurance 600-385-7016

Notary Public, State of Florida

Commission No.

Personally known_

Produced ID (type)

District No. 1 - Ronald Williams District No. 2 - Rocky Ford District No. 3 - Bucky Nash District No. 4 - Toby Witt District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:

5/17/2019 10:57:48 AM

Address:

648 SW NEWTON Cir

City:

FORT WHITE

State:

FL

Zip Code

32038

Parcel ID

09626-128

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

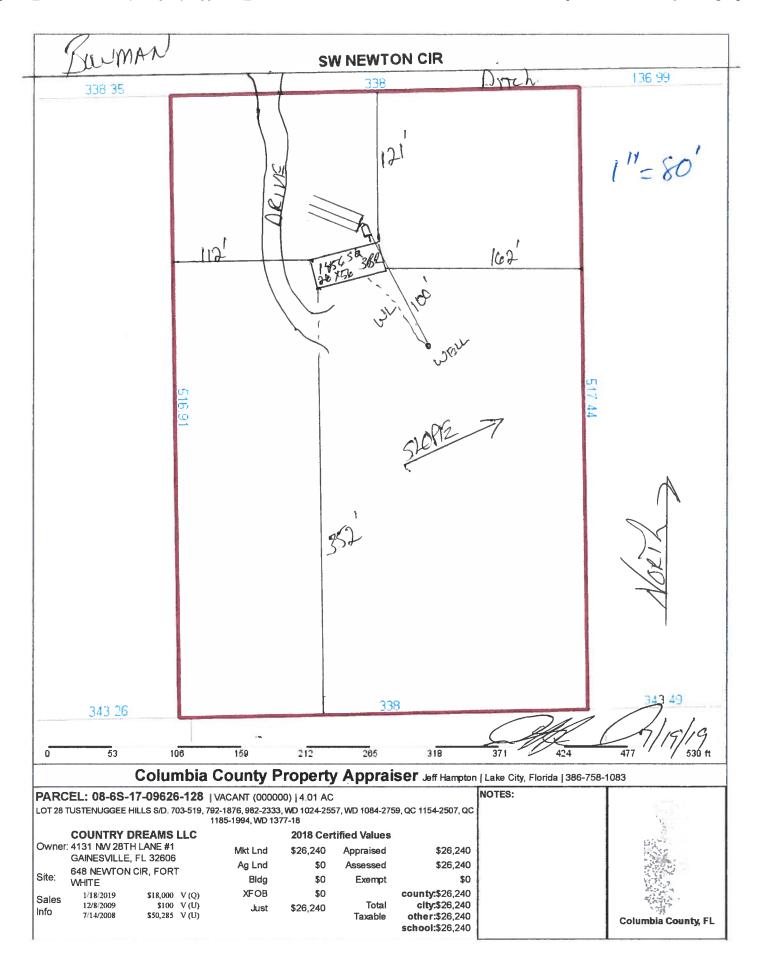
Address Issued By:

Signed:/ Matt Crews

Columbia County GIS/911 Addressing Coordinator

COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125 Email: gis@columbiacountyfla.com



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

| APPLICATION NUMBER | 1907-80 | CONTRACTOR | Robert Sheppard | PHONE 386-623-2203 |
|--------------------|---------|------------|-----------------|--------------------|
| | | | | |

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Thomas Bowman

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

| ELECTRICAL | Print Name | Glenn Whittington | Signature | AL O |
|-------------|------------------------|-------------------------|--------------|--------------|
| V | License #: EC 13002957 | | Phone #: | 386-792-1700 |
| 1074 | | Qualifier Form Attached | X | |
| MECHANICAL/ | Print Name | Ronald Bonds Sr. | _ Signature_ | |
| A/C 1669 | License #: | CAC1817658 | Phone #: _ | 800-259-3470 |
| | | Qualifier Form Attached | | |

Qualifier Forms cannot be submitted for any Specialty License.

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|-------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

| 1. LONALD E Bond SE | (license holder name), licensed qualifier |
|--|--|
| for STIPE CREST ENTERPRISES | |
| tor 3 1/12 (45) 61018416863 | (company name), do certify that |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco | ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said to control and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. DALE BURD | 1 |
| 2. Rocky Ford | 2. (bel37) 7-1 |
| 3. Kally Bishap | 3. Kelly Bishof |
| <i>/</i> | 4. |
| 5. | 5. |
| under my license and fully responsible for complicocal Ordinances. I understand that the State an authority to discipline a license holder for violation officers, or employees and that I have full responsand ordinances inherent in the privilege granted of at any time the person(s) you have authorized officer(s), you must notify this department in writing authorization form, which will supersede all previous authorized persons to use your name and/or limited persons to use your name | d County Licensing Boards have the power and ns committed by him/her, his/her agents, sibility for compliance with all statutes, codes by issuance of such permits. is/are no longer agents, employee(s), or no of the changes and submit a new letter of ous lists. Failure to do so may allow |
| The above license holder, whose name is Royn personally appeared before me and is known by type of I.D.)on to | me or has produced identification his 16th day of FEB 20 (4) |
| STELLY GIM COUPE'SS | (Seal/Stamp) |





COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

| 1. CHANDLUNITINGTON | (license holder name), licensed qualifier |
|--|--|
| for CUNITINGTON ELECTIC | (company name), do certify that |
| the below referenced person(s) listed on this for holder, or is/are employed by me directly or thro officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subco | ugh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said dontrol and is/are authorized to purchase and |
| Printed Name of Person Authorized | Signature of Authorized Person |
| 1. WARBURD | 1 |
| 2. Rescriptional | 2. Jones)) |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| I, the license holder, realize that I am responsible under my license and fully responsible for comp Local Ordinances. I understand that the State are authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted | liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and one committed by him/her, his/her agents, ansibility for compliance with all statutes, codes |
| If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or | ing of the changes and submit a new letter of ious lists. Failure to do so may allow license number to obtain permits. |
| Licensed Qualifiers Signature (Notarized) | EC 1300 295 3/7/16 License Number Date |
| NOTARY INFORMATION: STATE OF:COUNTY OF | Cohnbin |
| The above license holder, whose name is personally appeared before me and is known by (type of I.D.) | me or has produced identification this, and, and |
| LICE POSHOP NOTARY'S SIGNATURE | Seal/Starkelly R BISHOP Notary Public - State of Florida |

A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road

Lake City, FL, 32055

- (O) 386-758-3409
- (F) 386-758-3410
- (C) 386-623-3151

7/19/2019

| To: Aunth, A County Building Department |
|---|
| Description of well to be installed for Customer: Located at Address: 648 Newton Gells, Four White, FL |
| 1 hp 15 GPM Submersible Pump, 1 1/4" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit. |
| Brire Park |
| Sincerely |
| Bruce Park |
| President |



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

PERMIT NO.

DATE PAID: FEE PAID: APPLICATION FOR CONSTRUCTION PERMIT RECEIPT #: APPLICATION FOR: New System Existing System Ī 7 Repair] Holding Tank [1 Abandonment [1 Innovative Temporary APPLICANT: AGENT: Robert MAILING ADDRESS: 741 TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. 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 SYSTEMS MUST BE CONSTRUCTED PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. SUBDIVISION: CONING: I/M OR EQUIVALENT: ACRES WATER SUPPLY: [$\sqrt{\ }$] PRIVATE PUBLIC []<=2000GPD [IS SEWER AVAILABLE AS PER 381.0065, FS?]>2000GPD [Y/x PROPERTY ADDRESS: DISTANCE TO SEWER: DIRECTIONS TO PROPERTY: BUILDING INFORMATION [V RESIDENTIAL [] COMMERCIAL Unit Type of No No. of Establishment Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1 2 3 4 Floor/Equipment Drains [] Other (Specify) SIGNATURE:

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

DATE:

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-057/

| Ť | - | -401 | | T | T CPI | ese | III | 101 | CCI | anc | 111 | ncn | = 4 | IU TE | et. | T | | | | | | | | | | | | | |
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