

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

PERMIT NO. OLD THE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Dana Capallia
AGENT: Self TELEPHONE: 904-718-137
MAILING ADDRESS: 1721 FOST DUVOLST LOLD City F1 32055
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: BLOCK: SUBDIVISION: Capalla MHP PLATTED:
PROPERTY ID #: 33-35-17-06500-000 ZONING: I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 199 NE James Ave Late City F1 32055
DIRECTIONS TO PROPERTY: 90 to 90 east to games Are march
to to end of Street last driveway on @ tun the
as hone on left
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Be Removed 3 1536
2 newone 3 1536
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 3 20 200

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Permit Application Number 21-0174

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