



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

PERMIT NO. 20-1499
DATE PAID: 2/25/20
FEE PAID: 208.00
RECEIPT #: 1512059

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Angela + Stanley Cox

AGENT: Glenwood King Construction Inc

TELEPHONE: 386 397-4708

MAILING ADDRESS: 139 SW Dunn Way LC FL 32024

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: 12 BLOCK: _____ SUBDIVISION: The Woodlands unrec PLATTED: _____

PROPERTY ID #: 18-35-16-02177-112 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 869 NW woodlands Terrace LCF 32055

DIRECTIONS TO PROPERTY: 4590 west T/R Naegel Rd T/R NW Brown Rd
T/L NW Nash Rd T/L NW woodlands Terrace T/R 869 NW
woodlands Terrace

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1	Residence	3			
2	we are closing in Existing Garage for Angela's workout center and adding 24'x24' open Carport				
3			5 1/6		ORIGINAL ATTACHED
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Glenwood King Inc

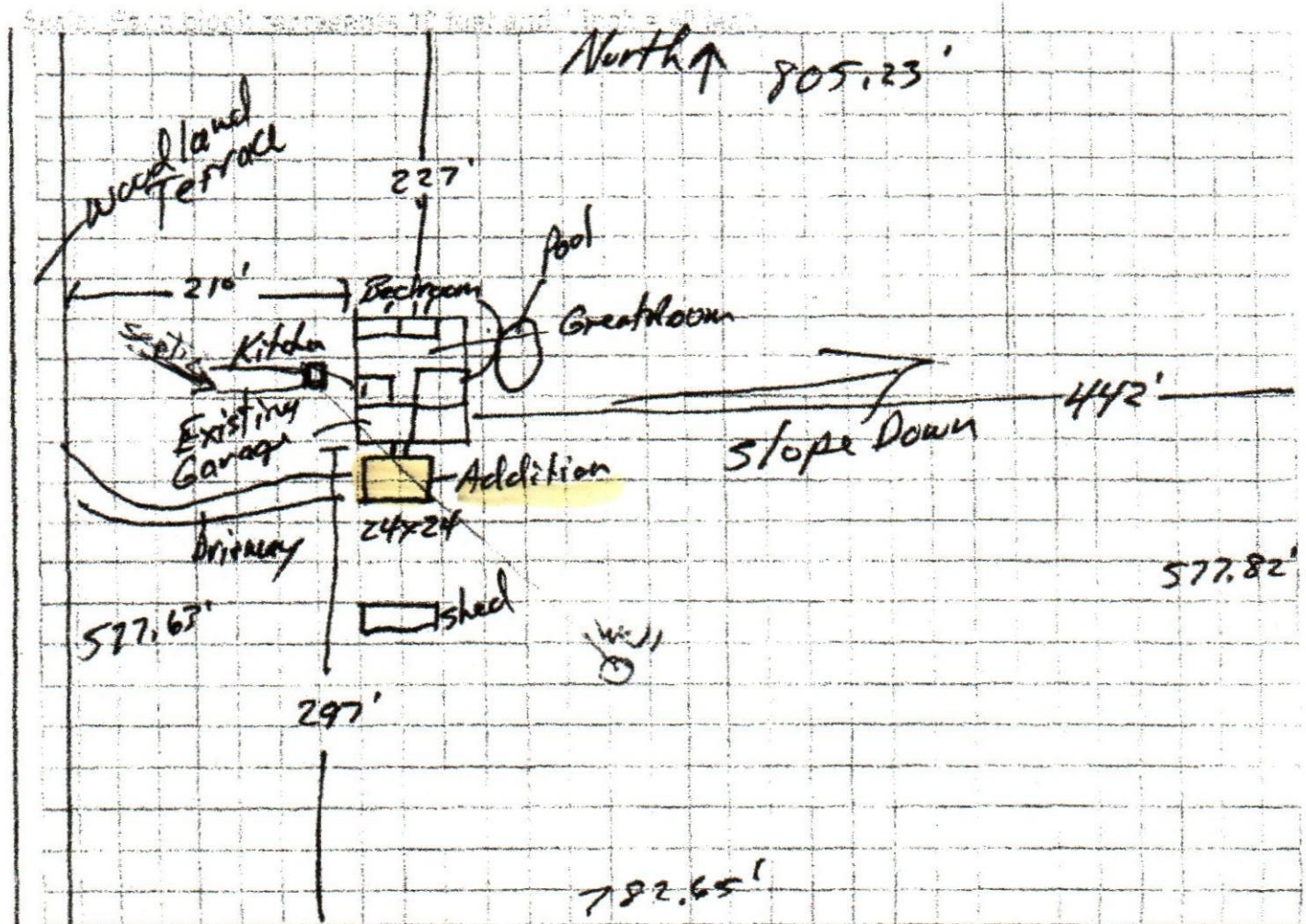
DATE: 6-24-20

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Permit Application Number

20-0499

PART II - SITEPLAN



Notes: House is 52' x 68'
Well & Septic Tank Added Thanks

Site Plan submitted by: Helenwood King Pres DATE 6-24-20
Plan Approved: Sallie Ford Env Health Director Not Approved: _____ Date 6.29.20
By: _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

