

SIGNATURE:

## STATE OF FLORIDA DEPARTMENT OF HEALTH

PERMIT NO.	14-003
DATE PAID: FEE PAID: RECEIPT #:	1/3440)

ONSITE SET SYSTEM APPLICATION	FEE PAID										
[ ] Repair [ ]	Existing Syst	cem [	] Holding Tar ] Temporary	[ ] sh	Innovative Swimming Pool Clearance						
APPLICANT: Cynthia Ren	del										
AGENT: Brent Handy	ngayaya a Militar kandaya ya maga yaya Palaya kaya kaya kayayaya a sa aya ka kandaya madana			relephone :	386-755-7300						
MAILING ADDRESS: 295 NW Lake C	ity, FL 32055										
TO BE COMPLETED BY APPLICABLE APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REC	CANT OR APPLICATION TO 489.109 TY TO PROVIDE DO	NT'S AUTHOR: 5(3)(m) OR CCUMENTATION	IZED AGENT. SY 489.552, FLORII N OF THE DATE :	STEMS MUS OA STATUTE THE LOT WA	ST BE CONSTRUCTED SS. IT IS THE AS CREATED OR						
PROPERTY INFORMATION		3.322222222222	######################################								
LOT: 12 BLOCK:	SUBDIVISION	Cannon	Creek Place		PLATTED: 205						
PROPERTY ID #: 24-45-16	-03114-112	ZONING	3: <u>les</u> , 1/M	OR EQUIV	ALENT: [ Y /N						
PROPERTY SIZE: 0.6 ACF	RES WATER SUPP	LY: [X] PR	IVATE PUBLIC	[ ]<=2000	GPD [ ]>2000GPD						
IS SEWER AVAILABLE AS PER											
PROPERTY ADDRESS: 176					<del>ste den dette de e</del> nce <sub>de prove</sub> de tableque						
DIRECTIONS TO PROPERTY:			<del></del>	prox 3mil	es to Kicklighter, TL						
Follow Kicklighter approx											
Immediately Turn Right o											
BUILDING INFORMATION	[ / RESI	<del></del>	[ ] COMME								
Unit Type of No Establishment	No. of Bedrooms		Commercial/In Table 1, Chap		al System Design , FAC						
1 SFD	3	2366									
2 Paol		<u></u>	ORIGINAL ATTACHED								
3			Andready,								
4											
		**************************************									
Floor/Equipment Dra	ina [ 1 Oti	er (Spanif	1.51								

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

DATE:

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 4 5529E

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					an submitted by:										See Attached					Ran					Real		

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia CHD



