

Page 1 of 4



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

PERMIT NO	×10-0314
DATE PAID:	4.23.20
FEE PAID:	100.00
RECEIPT #:	JXT 0 2
and we	00500

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: WY DOVIS
AGENT: RUBER W FOYD JY NEST, INC TELEPHONE: 15-6372
MAILING ADDRESS: 741 SE State Koad 100 Lake City, F132025
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, HIORIDA 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: 4 BLOCK: 1 SUBDIVISION: MC/108C POK PLATTED: 1972
PROPERTY ID #: 33-35-17-00011000 EONING: MH I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 0.12 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [1<=2000GPD []>2000GPD
PROPERTY ADDRESS: 514 MONTYONE AVE (TRON LAKE DESCRIPTION OF THE DIRECTIONS TO PROPERTY TRON NE DAYS AVE (TRON LAKE DESCRIPTION)
onse Montrode Ave, to 514
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Soft Table 1, Chapter 64E-6, FAC
1 Minome 2 5104
3 VKF
4
[] Floor/Equipment Drains [] Other (Specify) SIGNATURE: ROUCH W. GOTO CV DATE: A 10 000

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

Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT 20 0314.R Permit Application Number

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