## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

ORIDA
HEALTH
RUCTION PERMIT
Permit Application Number 12 - 4578E

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| te Plar                  | n subr | nitted    | by    | (    | <u>'a</u> | 10        | ne | Δ        |    | <u>८</u> . | R   | Mo               | SS      |          |    |     |    | 4   |      | _ |          |   |     | 1             | _        |          | _ |
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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

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