

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

|            | NIMMIO  |
|------------|---------|
| PERMIT NO. | 21-0011 |
| DATE PAID: | , 352   |
| FEE PAID:  | UPD.DO  |
| RECEIPT #: | 1435739 |
|            | - 1     |

| APPLICATION FOR:  [ ] New System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ] Electrical Service W  |
|---|
| APPLICANT: Heather Whitmore (Shinleton)   |
| AGENT: Austin & Makayla Bacon TELEPHONE: 353-201-8474   |
| MAILING ADDRESS: 254 SE Craig Ave Lake City FL 32025  |
| 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: 2 BLOCK: 2 SUBDIVISION: Odoms Spring Brook Add NPLATTED: PB3 pg 33,  |
| PROPERTY ID #: 33-35-17-06840-000 ZONING: I/M OR EQUIVALENT: [ Y / N ]  |
| PROPERTY SIZE: .323 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC & ]<=2000GPD 1 >2000GPD  |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER:FT  |
| PROPERTY ADDRESS: 254 SECVAIG AVE Lake City FL 32025  |
| DIRECTIONS TO PROPERTY: HWY 90 to SECraig Ave turn Right 8th house  |
| On Right -  |
|   |
| 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 SFR exite 3 nob Bas To original   |
| 2 (adding (cipcit) 1502 Actual Guitt 01960  |
| 3   |
| 4   |
| [ ] Floor/Equipment Drains [ ] Other (Specify)  |
| SIGNATURE: Malhelan Bagan Myster Below DATE: 3/0/21   |

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

Permit Application Number 21-0219

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|    |      | roved |           | /    |     |        | ,  |    | 5   | -    |     |      | Appro  | , and        |       |     |            |    | -0       |          |     |          | ate  | 5   | 8/2 | 1              |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT