



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

PERMIT NO.	20-2	151	2
DATE PAID: FEE PAID:	16	35	30
RECEIPT #:/	51	29	23

APPLICATION FOR: [] New System [] Exi [] Repair [] Aba	sting Systemed	em [Holding Tank Temporary	[] Innovative
ADPLICANT: Betty Federi			TE	LEPHONE: 334-429-6445
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105 PROVIDE DO ING CONSIDE	(3)(m) OR 4 CUMENTATION CRATION OF 5	89.552, FLORIDA OF THE DATE THE STATUTORY GRANDF	E LOT WAS CREATED OR ATHER PROVISIONS.
PROPERTY INFORMATION				
LOT: BLOCK: S	UBDIVISION			PLATTED:
PROPERTY ID #: 34-25-15-00	0119-003	ZONING	: I/M C	OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1.4 ACRES	WATER SUPPI	LY: [] PR	IVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381	.0065, FS?	[Y / N]	DIST	ANCE TO SEWER:FT
PROPERTY ADDRESS: 1217 Lowe				
DIRECTIONS TO PROPERTY: Sea	attach	ed		
BUILDING INFORMATION	[] RESI	DENTIAL	[] COMMERC	CIAL
Unit Type of No Establishment	No. of Bedrooms			citutional System Design or 64E-6, FAC
Single Family	-	1885		
30 x 60 Accessory Stru				
4				
[] Floor/Equipment Drains	[] Ot	her (Specif	у)	6/26/2020
SIGNATURE: BUTY Federico				DATE: 6/26/2020

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Permit Application Number 25-25 ------PART II - SITEPLAN -----Notes: _ See Attached Site Plan submitted by: Betty Federico Not Approved_ Plan Approved_ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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