

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

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PERMIT NO.
DATE PAID:
FEE PAID:

RECEIPT #:

185.00

APPLICATION FOR: [] New System [] [] Repair []	Existing System Abandonment	t t] Holding T	Cank []	Innovative
APPLICANT: (SARGOM	fettury				
APPLICANT: GARGOM AGENT:	me	Pol	MOKY 94	TELEPHONE	: 772.367 -
MAILING ADDRESS:	las	Ke CIt 1.	3205le		7684
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.105(3 TO PROVIDE DOCU	(m) OR 4	89.552, FLOR	THE LOT W	ES. IT IS THE AS CREATED OR
PROPERTY INFORMATION					
LOT: 5 BLOCK:	SUBDIVISION:	Reeses	Lynn		PLATTED:
DROPERTY ID #:33-35-1	7-04287-00	Ø ZONING	3:	/M OR EQUIV	ALENT: [Y/N]
PROPERTY SIZE: O. ACRES	WATER SUPPLY:	[X] PR	IVATE PUBLIC	C []<=200	OGPD []>2000GPD
IS SEWER AVAILABLE AS PER 3					
PROPERTY ADDRESS: 1788 1					
		1	1 1017	e and	
DIRECTIONS TO PROPERTY:					
BUILDING INFORMATION	[X] RESIDEN	NTIAL	[] COM	MERCIAL	
Unit Type of No Establishment	No. of B Bedrooms A	uilding rea Sqft	Commercial/ Table 1, Ch	Institution apter 64E-6	al System Design
1 Residential		15011			
2 Residential		1024			
3					
4					
[] Floor/Equipment Drain		(Specify	y)		
SIGNATURE: Mmy Filler	9			DATE:	08/12/2021

Washinston Arret

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2/1-0700

Permit Application Number

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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