

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

PERMIT NO.	33-0	579	23
DATE PAID: FEE PAID:	5/1	9	33
RECEIPT #:	20	S	837

APPLICATION FOR: [] New System
[] Repair [] Abandonment [] Temporary [X] SWIMM [)C
APPLICANT: Justin + Jennifer Peeler
AGENT: Chad Cuoningham TELEPHONE: 366-755 28 MAILING ADDRESS: 8390 8W Old Wife Rd #7. White, Fl 37038
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 05-68-16-03773-023 I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: ACRES WATER SUPPLY: [] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] PROPERTY ADDRESS: 491 SW Kinard Ct. Ft. White, FL 32038
000 00-2011 00 4415 -2 1400 SK413
Pon Herlung 9 & on Kinard Ct. 7 House on
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
Swimming powl ORIGINAL ATTACHED
2
3
4
[] Floor/Equipment Drains [] Other (Specify) DATE: 1-8-73
SIGNATURE:

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Permit Application Number 3 3 - 5783

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Peller Rensed lin=40ft. 6-29-23 JUN 2 9 2023 lacre of 20. Sw Kinard Ct 2696.25F 93 = carport MITTHE 1000 Peeler Pools

of North FC

Katie Cumreing ha

23-0783