

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO	33-0344
DATE PAID:	219/20
FEE PAID:	40.00
RECEIPT #:	1964417

APPLICATIO	ON FOR CONSTRUCTION PERMIT	11. ((644))
APPLICATION FOR: [ ] New System [ 1] [ ] Repair [ ]	Existing System [ ] Hold Abandonment [ ] Temp	ing Tank [ ] Innovative
APPLICANT: CHIVETY	Weet	
AGENT: Permitting Senice	s Lamanda Mote	TELEPHONE: 386 288-9673
MAILING ADDRESS: 30150	Faul CT Lake City Fl 33031	1
TO BE COMPLETED BY APPLICA BY A PERSON LICENSED PURSO APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REO	ANT OR APPLICANT'S AUTHORIZED AGE: UANT TO 489.105(3)(m) OR 489.552, Y TO PROVIDE DOCUMENTATION OF THE	NT. SYSTEMS MUST BE CONSTRUCTED FLORIDA STATUTES. IT IS THE DATE THE LOT WAS CREATED OR
PROPERTY INFORMATION	======================================	desections trovisions.
LOT: BLOCK:	SUBDIVISION:	PLATTED:
PROPERTY ID #: 11-45-15	-00337-002 zoning:	I/M OR EQUIVALENT: [ V /N ]
PROPERTY SIZE: 11-5 ACRE	SS WATER SUPPLY: [V] PRIVATE PO	BLIC   1<=2000GPD   1:2000GPD
IS SEWER AVAILABLE AS PER	381.0065, FS? [ Y / N ]	DISTANCE TO CENTER 110
PROPERTY ADDRESS 555 SU	Nugget Way Lake aty Fl	32024
DIRECTIONS TO PROPERTY: (2	Justo N. Marion Are Monto il	Wrich of Market
(Donto SW PINEMOUNT Rd,	CID (12 25) The (12 ) moth out to	puty J Davis Ln.
10011 1001	[ RESIDENTIAL [ ]	
Unit Type of No Establishment	No. of Building Commerci	al/Institutional System Design Chapter 64E-6, FAC
Dldtome  New Home	3 1277 0	RIGINAL ATTACHED
4		
[ ] Floor/Equipment Drain	ns [ ] Other (Specify)	
	Mode (specify)	DATE: 5/7/2023
DH 4015, 08/09 (Obsoletes p Incorporated 64E-6.001, FAC	previous editions which may not be	used)
PAC		

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 3 - 0 3 + 6

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Plar	n sub	mitt	ed l	oy:	K	un	101	nd	2	15	ll	,	A	gent	·V		Own	er:				Date	:		5	ah	800
	Plan submitted by: Amande Latt Agent: Owner:  Approved Not Approved											Date 6/10/23															

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



