

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

21	15010-
PERMIT NO.	12 1.1.1
DATE PAID:	12-14-21
FEE PAID:	- lov.ch
RECEIPT #:	0 3 00

APPLICATIO	N FOR CONSTRU	JCTION PE	RMIT	- He	1770235		
APPLICATION FOR:  [ ] New System [ ]  [ ] Repair [ ]		em [	Holding Tar Temporary	ak [ ]	Innovative		
APPLICANT: TERRY M	ILLIMAN						
AGENT: SELF				TELEPHONE:	517-617-9681		
MAILING ADDRESS: 369 NW FLOWERS PLACE, LAKE CITY FL 32055							
TO BE COMPLETED BY APPLICA BY A PERSON LICENSED PURSU APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	TO PROVIDE DO	(3) (m) OR 4 CUMENTATION	89.552, FLORII OF THE DATE 1	CA STATUTES THE LOT WAS	S. IT IS THE S CREATED OR		
PROPERTY INFORMATION							
LOT: BLOCK:	SUBDIVISION:			P:	LATTED:		
PROPERTY ID #: 25-28- PROPERTY SIZE: 5.05 ACRE IS SEWER AVAILABLE AS PER PROPERTY ADDRESS: 369 /	381.0065, FS?	(: [X] PRI [Y/0]] PL LAK	DIS	[ ]<=20000 TANCE TO S	GPD [ ]>2000GPD SEWER:FT		
BUILDING INFORMATION	[ ] RESIDI	ENTIAL	[ ] COMME	RCIAL			
Unit Type of No Establishment		Building Area Sqft	Commercial/Ins Table 1, Chapt		l System Design FAC		
1 GARAGE	0	770					
2		720					
3							
4							
[ ] Floor/Equipment Drai	ns [ ] Othe	er (Specify	)				
SIGNATURE:				DATE:	12-14-21		

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

Permit Application Number 21-0 021 ----- PART II - SITEPLAN ------Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: Site Plan submitted by: TITLE OUNER DATE: 12-14-2 Plan Approved Date County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

