



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

PERMIT NO.	31.0129
DATE PAID:	2/4/2)
FEE PAID:	131000
RECEIPT #:	1627969

APPLICATION FOR: [   New System [ ]	Sxisting System [ ] Folding Tank [ ] Innovative
APPLICANT: MUMMIN	Abandonment [ ] Temporary [ ]
AGENT: RUBER W Ford III	NEST, INC
MAILING ADDRESS: THI SE	State Road IN Lave City D 32/125
MALILING ADDRESS: 1111 OF	Oure read to take city 11 Debzo
BY A PERSON LICENSED FURSUAN APPLICANT'S RESPONSIBILITY 1	F OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE CO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR STING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	0 0 101:
	SUBDIVISION: CREK RUN Plantation PLATTED:
PROPERTY ID # 21-45-17-0	8631-109 zoning: i/m or equivalent: [ x /(n)
PROPERTY SIZE: A. ACRES	WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [Y/X] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 150	= HOTILITER Lake CITILIFI
DIRECTIONS TO PROPERTY: 441	South to Cr 252 +12 to SE Holly Perr +1/2
to site on left	
BUILDING INFORMATION	[ ] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No Establishment	No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
· home	-3 1807
2	100 :
3	
4	
[ ] Floor/Equipment Drains	[ ] Other (Specify)
SIGNATURE: RIA Wade	DATE: Z-9-7021
DH 4015, 02/09 (Obsoletes pre Incorporated 64E-6.001, FAC	evious editions which may not be used)

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

Permit Application Number 21-0129 1"=80 455 389 its Plan submitted by Rales at L. Draw M. Dore Not Approved an Approved 2/12/21 Date elembia County Health Department

all changes must be approved by the county health department

4016, 68/05 (Chaelets grantons editions which may not be used) incomparated: 645-6.001, FAC ock Number: 5744-605-4016-6)