

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

| PERMIT NO. | 2756 |
|---------------|--------|
| DATE PAID: | 114/20 |
| FEE PAID: 3 | 10.00 |
| PECETOW # . 1 | 0 |

| [X] | ICATION FOR: New System [] Repair [] ICANT: COUNTS | Existing System Abandonment BUHON | E E |] | Holding Tank Temporary | 1 |] | Innovative |
|----------------|---|--------------------------------------|-------------------|-------------|---------------------------------|------|---------------|--------------------|
| AGEN! | r: North Florid | a Septic Tank Inc; | | | TE | EPHO | NE: | 386-755-6372 |
| MAIL | ING ADDRESS: 741 SE State | Road 100 Lake C | ity, Fla 320 | 25 | | | | |
| APPLI | E COMPLETED BY APPLICAN PERSON LICENSED PURSUA CANT'S RESPONSIBILITY TED (MM/DD/YY) IF REQUE | NT TO 489.105(3) TO PROVIDE DOCUM |) (m) OR A | 189. TOF | 552, FLORIDA | STAT | UTES | CREATED OR |
| | RTY INFORMATION | | · · · · | | | | Na hii aliyat | THE CONTRACTOR |
| LOT: | BLOCK: | SUBDIVISION: _ | -NA | - | • | | PI | ATTED: |
| PROPE | RTY ID #: 32-25-10 | 01810-002 | ZONING | : _ | I/M OF | EQU | IVAI | LENT: [Y |
| PROPE | RTY SIZE: 5 ACRES | WATER SUPPLY: | [√] PRI | VAT | E PUBLIC [|]<=2 | 000G | PD []>2000GPD |
| is se Prope | WER AVAILABLE AS PER 30 RTY ADDRESS: UST | VW QV | een | 2 | d Lau | CE T | so se | WER:FT |
| | TIONS TO PROPERTY: TR ON NV LAKE | | | n IR | 1 4 11 4 | 117 | | n Norris 10 Way |
| BUILD | ING INFORMATION | [X] RESIDENT | IAL | - 1 | COMMERCIA | T | | |
| nit To | Type of Establishment | No. of But Bedrooms Are | ilding ea Sqft | Com Tab) | mercial/Instit le 1, Chapter | utic | nal 6, I | System Design |
| 1 | New home | 2 18 | 300_ | - | | | | |
| 2 | With Porch Area | 3 | 432 | | | | | |
| 3 | Metal Blog | | oto | | | | | |
| 4 |) | | | | | | | |
| 1 | Floor/Equipment Drains | [] Other | (Specify) | _ | | | | |
| IGNAT | FURE: POPULW De | lan | | | | ATE: | 9 | -10-20ZD |

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC

ATATT

Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

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| Scale: | Each bloc | ck repres | ents 10 | foot or | al d ! | | | | estate. | 20 | | | •••• | | | | |
| | | TT | 1 | lost al | id 1 inch | 1=40 |) feet. | 1 1 | - | 200 | | | | | | | |
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| | ubmitted b | y: Kal | cent i | N 3 | and | 11: | DAT | e 9. | -10- | 2020 | | | | | | | |
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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT