

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

PERMIT NO.	12-G	55	67
DATE PAID:	4	24	112
FEE PAID:	4	D.E	D
RECEIPT #:	185	54	074

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Tracy Harper AGENT: Sonya North Dylan Hinson TELEPHONE: 863-517-5701
MAILING ADDRESS: 1572 SE High Falls Rd Lake Coty F1 37075
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 #: $31-45-18-10515-000$ zoning: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: X ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 1686 SE High FallsRd Lake City Fl 32025
DIRECTIONS TO PROPERTY: LON US-90E, RON St Rd 100E, RON
SECROUS, L un Ebenezer Rd, R on SE High Falt
Rd, property on R
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Mobile Home 2 1344
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: SOME MONTH DATE: 6/15/22

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22 - 0547

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22.0567 }

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