

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISP
SYSTEM

| CR# | 10-7470 |
|-------------------------|---------|
| PERMIT NO. | 20-130a |
| DATE PAID: FEE PAID: | 7/16/20 |
| RECEIPT # . | -00.00 |

| SYSTEM | ON FOR CONST | | | FEE PAID: RECEIPT #: | 55.00 |
|--|---|---|----------------------------------|---|--------------|
| APPLICATION FOR: [X] New System [| Existing Sy Abandonment | stem [| SRMIT Holding Tan Temporary | k [] Inna | ovative |
| APPLICANT: JOSEPHINE ABB | BATE | | | *************************************** | , |
| AGENT: BLAKE CONSTRUCTI | ON | | 1 | ELEPHONE: (386) | 752-0675 |
| MAILING ADDRESS: 618 SW F | LORIDA GATEWA | Y DRIVE | | | 32024 |
| TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE | SUANT TO 489,10 TY TO PROVIDE D QUESTING CONSID | 5(3)(m) OR OCUMENTATIO ERATION OF | 489.552, FLORII | A STATUTES. | IT IS THE |
| PROPERTY INFORMATION LOT: 9 BLOCK: N/A | SUBDIVISION | : SOUTHERN | I APPROACHES UN | WT1 PLATT | ED: |
| PROPERTY ID #: 13-4S-16-02 | 952-209 | ZONING | G: RES I/M | OR EQUIVALENT | !: [NO] |
| PROPERTY SIZE: 0.550 ACI | | | |]<=2000GPD | |
| PROPERTY ADDRESS: SW B | OWNANZA GLEN | LAKE CIT | | | |
| DIRECTIONS TO PROPERTY: | TAKE HWY 90 WE: ON SW BOWNANZ | ST, TURN LEF | T ON SISTER'S WE | LCOME ROAD, T | URN LEFT |
| BUILDING INFORMATION [| X] RESIDENTIAL | []COM | MERCIAL | | |
| Unit Type of No. Establishment | No. of Bedrooms | | Commercial/Inst | itutional Syst r 64E-6, FAC | em Design |
| 1 HOUSE | 4 | 1,953 | | | |
| 2 | | 1,000 | 3 | D BEIN | |
| 3 | | | | IZZ SEL | |
| 4 | | | | ×60) | |
| [] Floor/Equipment Dra | ins [] Other | (Specify) | | | |
| SIGNATURE: Blake | 11/1/1 | Verified by PDFFiller | | DATE: 07/1 | 16/2020 |
| | | | | | |

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

