



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

PERMIT NO. 17-0129E
DATE PAID: 175.00
FEE PAID: 31712
RECEIPT #: 1822910

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Bernice BrownAGENT: Leleka BrownTELEPHONE: 386 697 1501MAILING ADDRESS: 182 N.W. Mattie Ln.

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: PLA BLOCK: PLA SUBDIVISION: PLA PLATTED: _____PROPERTY ID #: 35-25-16-01879-000 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.0 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ NDISTANCE TO SEWER: 710.00 FTPROPERTY ADDRESS: 182 N.W. Mattie LaneDIRECTIONS TO PROPERTY: 41 N to Mattie Lane turn Left, 2nd Rd. on Left

BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Recreational Vehicle</u>	<u>2</u>		<u>No Original Found</u>
2				
3				
4				

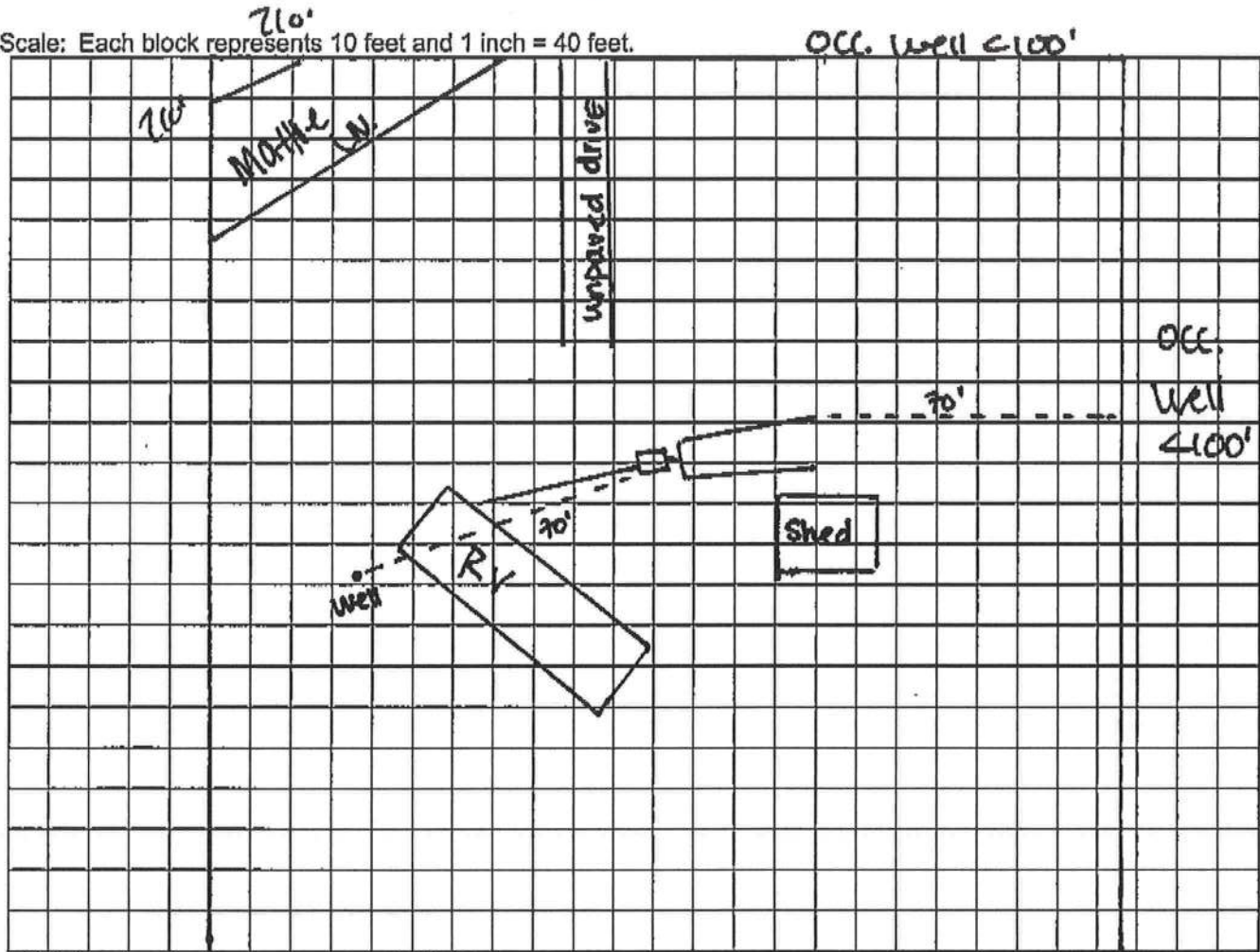
☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Bernice BrownDATE: 2-23-2012

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Permit Application Number 12-01295

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: Occ. Well <100'

Site Plan submitted by: _____
Plan Approved X Not Approved _____ Date 3/13/12
By [Signature] Celubina County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT