## SSO 283 DD1998



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

PERMIT NO. 2 889

DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION FOR:  [ ] New System [ ]  [ ] Repair [ ]	Existing Sys	stem [	] Holding	g Tank [	] Innovative
APPLICANT: Cherstop	se Boz	ZERD			
AGENT: STUDICT A	MIRA	Letter.		TELEPH	ONE:386-462-90
MAILING ADDRESS: 14901	MAINSTA	CEET A	LACHUR	a, FL	32615
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PURS APPLICANT'S RESPONSIBILIT PLATTED (MM/DD/YY) IF REQ	UANT TO 489.10 Y TO PROVIDE I	05(3)(m) OR DOCUMENTATIO	489.552, F	LORIDA STA	TUTES. IT IS THE
THE THE THE PLATION			,		
LOT: \\ BLOCK:	SUBDIVISION	N: RIVER	RISE		PLATTED:
PROPERTY ID #: 16-75-17	-10006-211	ZONIN	IG:RES	I/M OR EÇ	QUIVALENT: [Y N)]
PROPERTY SIZE: 5.01 ACR	ES WATER SUPI	PLY: [ \] PI	RIVATE PUBI	LIC [ ]<=:	2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER  35850 PROPERTY ADDRESS: 500 Luc	381.0065, FS3	[YN]			TO SEWER: NA FT
DIRECTIONS TO PROPERTY: H					
BUILDING INFORMATION Unit Type of No Establishment		Building	[ ] Co Commercial	/Institut:	ional System Design E-6, FAC
1 SER	4	3127			
2			-		
3					
4					
[ ] Floor/Equipment Dra	ins [ ] Ot	her (Specif	(y)		
SIGNATURE:	_			DAT	E: 10-8-2020

## STATE OF FLORIDA DEPARTMENT OF HEALTH

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Permit Application Number 20 - 08 ----- PART II - SITEPLAN ------Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes:

Site Plan submitted by:	Agent: / Owner:	Date: 10-8 2020
Plan Approved	Not Approved	Date_ 19/14/220
By Kul Ky	CO	LUMBIA County Health Departmen

