

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

PERMIT NO.	20-0220
DATE PAID:	3118121
FEE PAID:	310,00
RECEIPT #:	147/217

APPLI	CATION FOR: New System Repair	[] E	xisting Sys bandonment	tem [olding Tank emporary		Innovative
APPLI	CANT: Alison S	Strachan						
AGENT	: Jason T Huddl	leston (Re	ed Door Homes of	North Central Flo	rida, LLC	TEL	EPHONE:	352.559.3050
MAILI	NG ADDRESS: _	7420 W. Newbo	erry Rd. Ste B. Gai	nesville, FL 3260	5	1		
BY A APPLI PLATT	COMPLETED BY PERSON LICENSI CANT'S RESPONS ED (MM/DD/YY)	ED PURSUAN SIBILITY T IF REQUES	T TO 489.10 O PROVIDE DO TING CONSIDE	5(3)(m) OR OCUMENTATIO ERATION OF	489.55 N OF T STATU	52, FLORIDA THE DATE THE TORY GRANDFA	STATUTE LOT WA THER PR	S CREATED OR
	RTY INFORMATIO							
LOT:	BLOCK	:	SUBDIVISION	r:			P	PLATTED:
PROPE	RTY ID #: <u>03</u>	-55-16-0	3455-017	ZONIN	G:	I/M OF	R EQUIVA	ALENT: [YN]
PROPE	RTY SIZE:	ACRES	WATER SUPP	LY: [X] PF	IVATE	PUBLIC []<=2000	GPD []>2000GPD
PROPE	WER AVAILABLE RTY ADDRESS:	447 SW	Summe	shill GI	en (449)		SEWER:FT
								Rd, Turn left onto SW Mauldii
	fauldin Ave., Tum le							Ave
	ING INFORMATION			DENTIAL	Ţ.] COMMERCI	AL	
Unit No	Type of Establishmen	t	No. of Bedrooms			ercial/Insti e 1, Chapter		l System Design FAC
1	SFD		3	1704				
2	-							
3							DE O	BELVEN
4		,			-		NA MA	AR 1 7 2020
[]	Floor/Equipme	ent Drains	[] Oti	her (Specif	Ŋ)		By	EH
SIGNA!	TURE	A DRE	ordered				DATE:	3-11-20

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

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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57th eval: 74K Cert # 19-2064