

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

PERMIT NO.	-0057
DATE PAID:	1/20/22
FEE PAID:	6000
RECEIPT #: L	18920

APPLICATION FOR: [] New System [] [] Repair []	Existing Sys Abandonment	stem [] Holding To	ank []	Innovative LIKE4LIKE
APPLICANT: GARY & JENNIFER I	EE (FREEDOM	HOMES)			
AGENT: ROBERT FORD III- NORTH	FLORIDA SEP	TIC TANK INC		TELEPHONE	: 386-755-6372
MAILING ADDRESS: 741 SE STAT	E ROAD 100, LA	KE CITY FLA 3	2025		
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.10 TO PROVIDE I	05(3)(m) OR OCCUMENTATION	489.552, FLOR	DA STATUTE	S CREATED OR
PROPERTY INFORMATION	afficie allella assisi, forsito eggip emise upara silife filipite Anim assis sili	eti johat maayastii talkii maka kaassattii, jafaa maga saasii joha k	and hand, the country offer discolutions made upon such that upon side inter-		er delen men dem deser deser deser deser dessa signa, euen percentatio d'un combination agreci
LOT: 1&2 BLOCK:	SUBDIVISIO	N: ICHTUCKN	EE MEADOWS		PLATTED: 1980
PROPERTY ID #: 18-6S-16-03865-	0001	ZONING	3: <u>SF</u> I/	M OR EQUIV	ALENT: [No 🔽]
PROPERTY SIZE: 9.77 ACRES	WATER SUPI	PLY: [/] PR	IVATE PUBLIC	[]<=2000	GPD []>2000GPD
IS SEWER AVAILABLE AS PER 3	81.0065, FS	[No 🕶]	DI	STANCE TO	SEWER:FT
PROPERTY ADDRESS: 147 SW JEN	SEN LN, FORT	WHITE FLA 320	38		
DIRECTIONS TO PROPERTY: 4	20 -0	0.0	238 (E)	im Cr	nurch)
Tonduction	TRO	n. Jens	m 3	2010r	2(8)
14	7				
BUILDING INFORMATION	[V] RESI	DENTIAL	[] COMM	ERCIAL	
Unit Type of No Establishment	No. of Bedrooms		Commercial/In Table 1, Chap		l System Design
1 MH NEW	3	963			
2 OLD	3	1600	ORIGINA	LATTACHE	D
3		100			
4					
[] Floor/Equipment Drain	s [] Ot	her (Specify	')		
SIGNATURE:	rest:	Drd(W	DATE:	1/21/22

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

Permit Application Number Scale: 1 inch = 40 feet 200 WHILL 193 416 210 51 Notes: JENSEN 1) THACKIE, an submitted by Rahauft w Not Approved pproved County Health Department

all changes must be approved by the county health department