

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

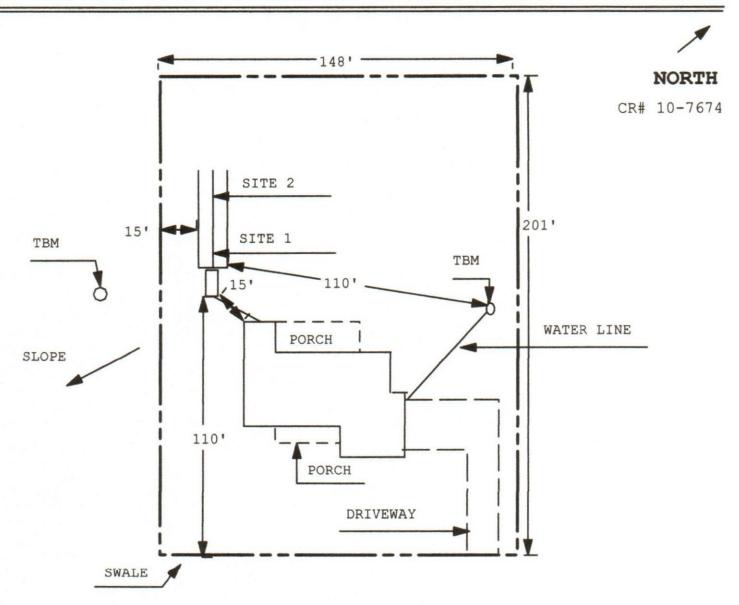
PERMIT NO	0-	03	534
DATE PAID:	7	31	20
FEE PAID:	3	0	00
RECEIPT #: 1	52	44	2:

APPLICAT	TION FOR CONSTR	DIICTION D	FDMT				#. [=	00,7200
APPLICATION FOR: [X] New System [] Existing Sys	stem [] Ho	olding Tank]]	Innova	ative
[] Repair [1 1	emporary	[1		
APPLICANT: CHRISTOPHER	& BRIDGET ADAMS							
AGENT: ERKINGER CONSTR	UCTION GROUP		_	TE	LEPHO	ONE :	(386) 75	4-5555
MAILING ADDRESS: 248 SE	NASSAU ST.			LAKE CIT	ΓY		FL	32025
TO BE COMPLETED BY APPI BY A PERSON LICENSED PU APPLICANT'S RESPONSIBII PLATTED (MM/DD/YY) IF F	JRSUANT TO 489.10	5(3)(m) OR OCUMENTATI	489.5 ON OF	552, FLORIDA THE DATE TH	STA E LO	TUTE T WZ	ES. IT	IS THE
PROPERTY INFORMATION								
LOT: 12 BLOCK: N	/A SUBDIVISION	FOREST C	OUNTI	RY 6TH ADD.		P	LATTED	1:
PROPERTY ID #: 22-4S-16-0	03087-112	ZONIN	iG:I	RES I/M OI	R EQ	UIV	ALENT:	[NO]
PROPERTY SIZE: 0.690 A	CRES WATER SUPP	LY: [X] PI	RIVATE	PUBLIC []<=	2000	GPD []>2000GPI
IS SEWER AVAILABLE AS F PROPERTY ADDRESS: 461 PI			_	DISTA	NCE	TO	SEWER:	N/A FT
DIRECTIONS TO PROPERTY:	90 WEST, TURN LE SE LONG LEAF DR	EFT ON CR 24 R. TURN LEFT	17, TUR ON SE	N LEFT ON MO	DNK S	ST. T	URN RIG	SHT ON
BUILDING INFORMATION	[X] RESIDENTIAL	[] CO	MERCI	AL				
Unit Type of No. Establishment	No. of Bedrooms	Building Area Sqft		ercial/Insti e 1, Chapter				n Design
1 HOUSE	3	2,000						
2								
3								
4								
[] Floor/Equipment D	rains 1 1 byher	(Specify)						
SIGNATURE: Haffit	4 My				DATI	s : _	7-9-5	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:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100' 1 INCH = 40 FEET

	2			
Site Plan Submitted By Cen	Kleyd	Date 7	18/20	
Plan Approved Not Approved	Øate	7/18	120	
Ву	Con	ubor	СРНИ	
Notes:				