

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

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

APPLICATION	FOR CONSTR	UCTION PE	RMIT		777-33
APPLICATION FOR: [] New System [] [] Repair []					
APPLICANT: RYAN SLA	de Huds	0 - 7			
APPLICANT: RYAM SLA AGENT: MIKE TOCK! MAILING ADDRESS: 129 N	Constru	uction	т	ELEPHONE: Z	1-5-4387
MAILING ADDRESS: 129 D	E COLE	surn h	toe Lyke	- C.'S F.	32055
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	ANT TO 489.105 TO PROVIDE DO	(3) (m) OR (CUMENTATION RATION OF (189.552, FLORIDA N OF THE DATE TO STATUTORY GRAND	A STATUTES. HE LOT WAS CI FATHER PROVI	IT IS THE REATED OR SIONS.
PROPERTY INFORMATION	1 2		 		and finite and part then time that que and a spirit spirit
LOT: BLOCK:	SUBDIVISION:			PLAT	TED:
PROPERTY ID #: 22-45-17	08679-00	7 ZONING	G: I/M	OR EQUIVALEN	T: [Y / N]
PROPERTY SIZE: 10.0 ACRES	WATER SUPPL	Y: [] PR	IVATE PUBLIC []<=2000GPD	[]>2000GPD
IS SEWER AVAILABLE AS PER 3	381.0065, FS?	[Y/N]	DIST	ANCE TO SEWE	R: FT
PROPERTY ADDRESS: 444					
DIRECTIONS TO PROPERTY: So	uth on o	ld Cover	try Cheb R	d to H	001200
BUILDING INFORMATION	[/ RESID	ENTIAL	[] COMMER	CIAL	
Unit Type of No Establishment			Commercial/Ins Table 1, Chapt		
1 Single Family	3	2470	Raplacin.	Lowe	
2			ORIGINAL A		
3	<u> </u>	***************************************	ORIGINAL A	HACHED —	
4					
[] Floor/Equipment Drain	ns [] Oth	er (Specify	<i>y</i>)		
SIGNATURE:	SET			DATE: 4	125/14

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

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