

SSO DIS 208 047



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

PERMIT NO. 22-0048
DATE PAID: 11/19/22
FEE PAID: 425.00
RECEIPT #: 1282907

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: James R. WilliamsAGENT: OWNERTELEPHONE: 407 325-1978MAILING ADDRESS: 2768-S. TANNER ROAD ORLANDO FL 32820

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 4 BLOCK: B SUBDIVISION: OAK HAVEN PLATTED: _____PROPERTY ID #: 12-35-15-00167 ZONING: S.F I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ N DISTANCE TO SEWER: 125 FTPROPERTY ADDRESS: 162-N.W 162-DOGWOOD TERRACEDIRECTIONS TO PROPERTY: LAKE JEFFERY RD TO OAK HAVEN TURN LEFT INTO SUBDIVISION

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE FAMILY HOME</u>	<u>3</u>	<u>4035 Total</u>	<u>2660 = Living space</u>
2				
3				
4				

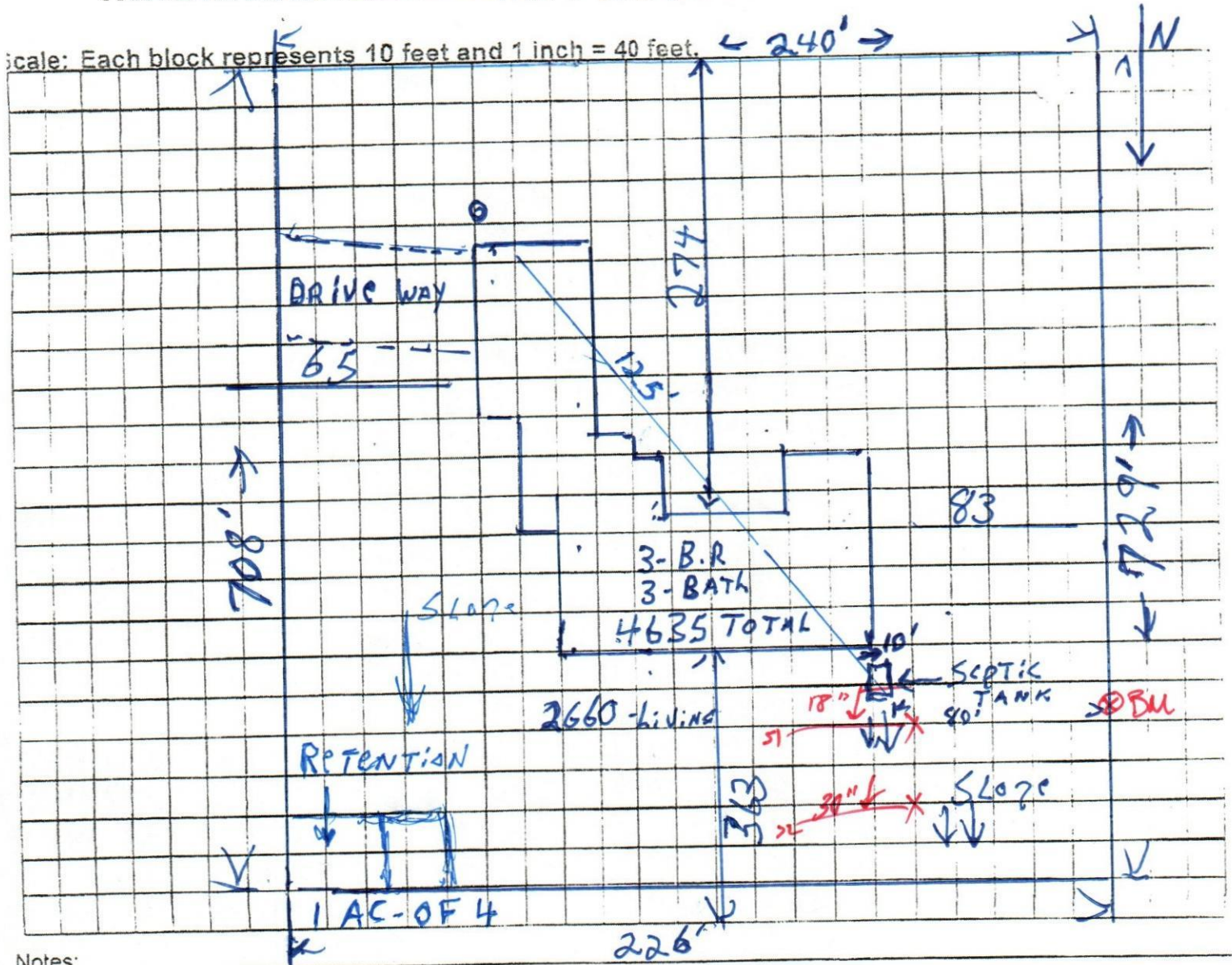
[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: James R. WilliamsDATE: 1-19-21

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Permit Application Number 22-0043

----- PART II - SITEPLAN -----



Notes: _____

Site Plan submitted by: David H. Williams OWNER TITLE _____ DATE: _____
Plan Approved: [Signature] Not Approved: _____ Date: 1/26/22
By: [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT