

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

PERMIT NO.	11-0676
DATE PAID:	8/5/21
FEE PAID:	6000
RECEIPT #:	17/2477

APPLIC	CATION FOR: New System Repair	[ V Ex	isting Sys	tem [	]	Holding Tan	k [	]	Innovative
APPLIC	CANT: Frank	Farle	4	· ·					
AGENT:	: Donna Do	uton.	- Holly	Electri		nc	TELEPH	ONE :	386-344-6323
	ng address: Po		9						
BY A I	COMPLETED BY A PERSON LICENSED CANT'S RESPONSI ED (MM/DD/YY) I	PURSUANT BILITY TO	TO 489.10 PROVIDE D	05(3)(m) OR OCUMENTATI	489 ON C	0.552, FLORID OF THE DATE T	A STA	TUTE:	S CREATED OR
PROPE	RTY INFORMATION								
LOT:	BLOCK:		UBDIVISION	<b>1</b> :				_ P	LATTED:
PROPER	RTY ID #: 21-4	S-16-03	202-001	zoni	NG:	SFR I/M	OR EQ	UIVA	LENT: [Y/N]
PROPER	RTY SIZE:	ACRES	WATER SUPP	TA: [\] B	RIVA	TE PUBLIC [	]<=	20000	GPD [ ]>2000GPD
IS SEV	VER AVAILABLE A	S PER 381	.0065, FS?	[Y/N]		DIS	PANCE	TO S	EWER:FT
PROPER	RTY ADDRESS: 30	220 CR	242 1	ake Ci	4	FL 3205	5		
DIRECT	TIONS TO PROPER	TY: L-S	Sisters L	solcome f	d	R-CR 21	12 1	.Im	i on left
BUILD	ING INFORMATION		[ /] RESI	DENTIAL		[ ] COMMER	CIAL		
Unit No	Type of Establishment		No. of Bedrooms	Building Area Sqft		mmercial/Ins ble 1, Chapt			l System Design FAC
1	SFR			1012		built	. 10	25	7)
2	Shed		0	400	_	moite			
3	Shed		-	320		nsita			
4	Carport			1350	1	kw			
c 3	Floor/Equipment	Drains	[ ] 043	her (Specis	Y)				<del></del>
SIGNAT	TURE:	1					DAT	s:	1/16/21

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Permit Application Number

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT