

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

PERMIT NO.	20-	0446
DATE PAID:	- 4	9/20
FEE PAID:	310	150
RECEIPT #:	150	7011

[🗸]	CATION FOR: New System Repair]]	Existing Sys	tem []		Tank]]	Innovative
APPLI	CANT: VICKI HARRI	ELL (FRE	EDOM HOMES)							
AGENT	: North Florida Seption	c Tan	k Inc	y,				TE	LE PH	ONE :	: 386-755-6372
MAILI	NG ADDRESS: 741	SE	Stat	e Road 100 Lak	e City, Fla 32	025					
BY A APPLI	COMPLETED BY A PERSON LICENSED CANT'S RESPONSI ED (MM/DD/YY) I	PUI BIL:	RSU.	ANT TO 489.10	5(3)(m) OR OCUMENTATI	489 ON (9.552, FLO OF THE DAT	RIDA E THE	STA:	TUTE T WA	AS CREATED OR
PROPE	RTY INFORMATION										
LOT:	11 BLOCK:			SUBDIVISION	: BRANDE	I ES	TATES			_ I	PLATTED:
PROPE	RTY ID #: 22-3s-	16-0	224	4-111	ZONI	NG:	RES	I/M O	R EÇ	UIV	ALENT: [No]
PROPE	RTY SIZE: .50	_ A	CRE	S WATER SUPP	LY: [/] F	RIV	ATE PUBLI	C []<=	2000	GPD []>2000GPD
	WER AVAILABLE A							DISTA	NCE	TO S	SEWER: NA FT
	TIONS TO PROPER					IITNI	EY GLN TR	TO LO	T ON	R	
DINE	TIONS TO PROPER									.,	
BUILD	ING INFORMATION			[√] RESI	DENTIAL		[] COM	MERC]	IAL		
Unit No	Type of Establishment		_	No. of Bedrooms			ommercial/ able 1, Ch				al System Design , FAC
1	MOBILE HOME			4	1525	_					
2											
3						_					
4						_					
[]	Floor/Equipmen	t D	rai	ns [] Otl	ner (Speci	fy)					
SIGNA	TURE: Na	1	1	my			4		DAT	E:	6-6-2020

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 30-8446 autra 43 feur aus 4 feur au 20 S Drivemay Notes:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Plan Approved_____ Not Approved____ Columbia

Date 6/10/2020

County Health Department