SSO 125/08/096



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

PERMIT NO.	21-0428	
DATE PAID:	5 5 N	
FEE PAID:	475.00	
RECEIPT #:	[le6/4/2	

APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Haylee Deas
AGENT:
MAILING ADDRESS: 12878 CR 137 Wellborn, FL 32094
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: D2413-008 ZONING: AG I/M OR EQUIVALENT: [Y N
PROPERTY SIZE: 5.68 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 219 SW Arbor Ln Lake City, FL 32024
DIRECTIONS TO PROPERTY: HWY 90 W to Thomas Terr Then turn
onto Arbor Ln
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
single Family 3 2000
3 Metal Shed 0 30x210 (786sf)
Future plans to build 38D 2 both home 2000 spft heated
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Day DATE: 5/5/21

DH 4015, 08/09 (Spice 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 31-04-38

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