



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

PERMIT NO.	20-039
DATE PAID:	5/21/30
FEE PAID:	3101.00
RECEIPT #:	1505620

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: Adams Construction		
AGENT: Robert W. Ford North Florida Septic Tank Inc; TELEPHONE: 386-755-6372		
MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025		
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: 30 BLOCK: SUBDIVISION: CONNON CYCCK PLACED:		
property id $#:24-45-10-0314-120$ zoning: i/m or equivalent: [Y/N]		
PROPERTY SIZE: 0.51 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC []<=2000GPD []>2000GPD		
PROPERTY ADDRESS: 138 HOVEY HILL GIN LOKE CHI		
KICKLIAHTER, TAKE SIN SISTERS WELLOMER A TO SW		
Arrenders Dr +/L to Sw Haver H:H Glam +/L to END ON (E)		
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		
1 New home 3 1680		
2		
3		
4		
[] Floor/Equipment Drains [] Other (Specify)		
SIGNATURE: Rocky D7 D DATE: 5/20/20		

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

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Permit Application Number 20-0391 Scale: Each block represents 10 feet and 1 inch = 40 feet. 10 Notes: Site Plan submitted by: Robert w Jand III- DATE Date_5 Plan Approved Not Approved County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT