

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	20.0676
DATE PAID:	8/19/20
FEE PAID:	80.00
RECEIPT #:	1553956

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [Existing System [] Holding Tank [] Innovative [] New System [] Abandonment [] Temporary []] Repair MAILING ADDRESS: 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 #: 35-55-16-037 6-108 ZONING: _____ I/M OR EQUIVALENT: [Y /N] PROPERTY SIZE: 21.26 ACRES WATER SUPPLY: [V] PRIVATE PUBLIC []<=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT PROPERTY ADDRESS: 200 Sw Mystic way Fort white 4 32036 DIRECTIONS TO PROPERTY: Nay property O.2 miles on maps it houstbe f OS "myshe" But Addressed" mystic was [] RESIDENTIAL [] COMMERCIAL Building Commercial/Institutional System Design No. of Unit Type of Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC No Establishment **ORIGINAL ATTACHED** 3 [] Floor/Equipment Drains [] Other (Specify)

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

SIGNATURE: WILLIAM

DATE:

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT 20-8676

Permit Application Number_

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PART II - SITEPLAN	
Scale: 1 inch = 40 feet.	
see attended	
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Natas	
Notes:	
Site Plan submitted by: Subject Approved	Date_ 7/20/26
By Colon	County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)



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