Morris Appt # 1401-29

CR # 10-5775

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

PERMIT NO. 14-0226
DATE PAID: 1/17/14
FEE PAID: $410.00
RECEIPT #: 1152030

APPLICATION FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: MICHELLLE M MORRIS

AGENT: WENDY GERNNELL TELEPHONE: (386) 288-2428

MAILING ADDRESS: 3104 OLD WIRE RD. FT. WHITE FL 32038

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED:

PROPERTY ID #: 14-6S-17-09232-001 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 168 SE CLINE FEAGE RD.

DIRECTIONS TO PROPERTY: 41 SOUT TURN LEFT ON ALDINE FEAGLE RD. SITE ON RIGHT AT CORNER OF ALDINE FEAGLE AND CLINE FEAGLE RD.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MOBILE HOME	3	1,456	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Wendy Gernnell DATE: 1/14/14

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

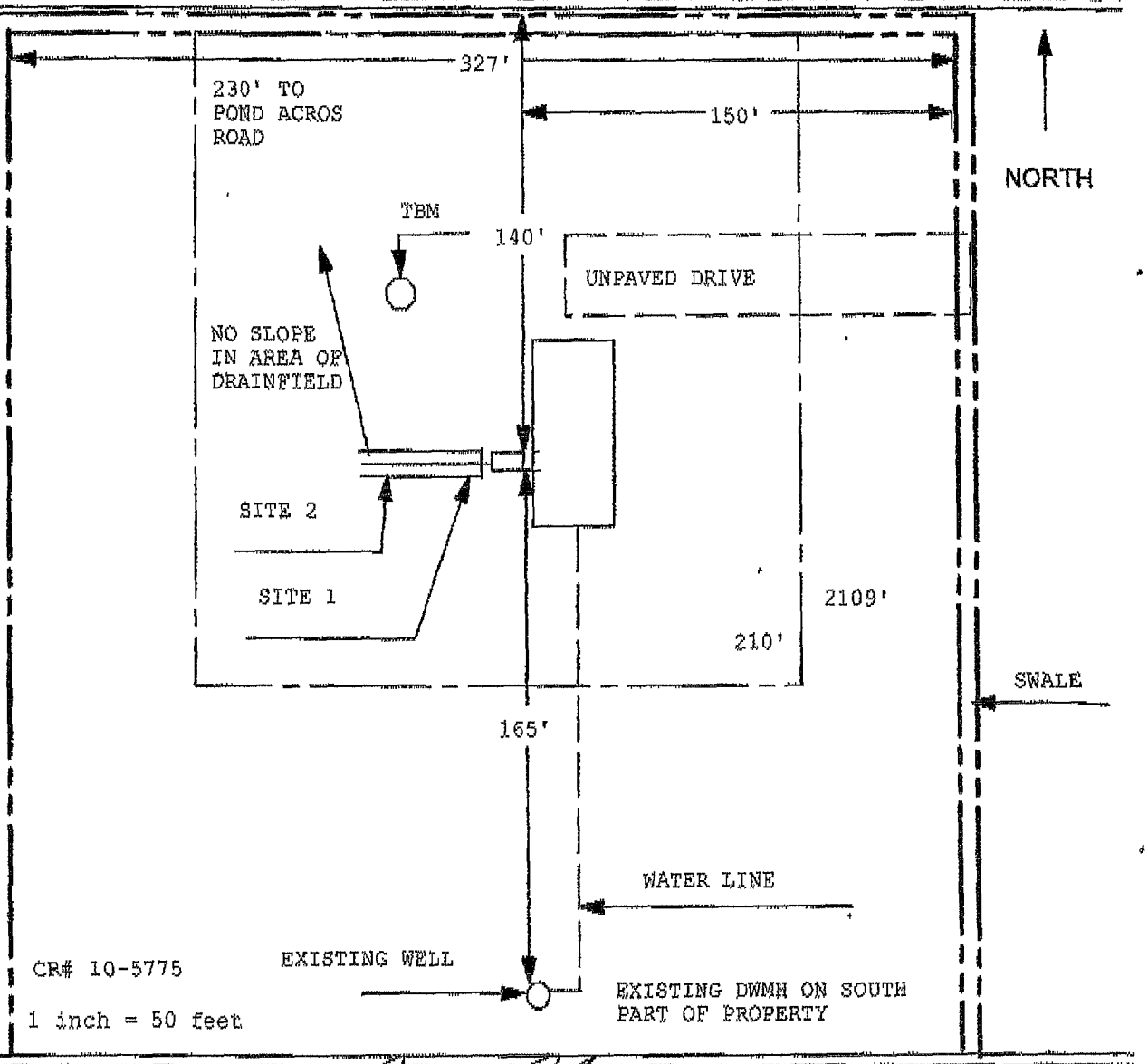
1/17/14

Mom's App # 1401-29

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 14-0526

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Ronald Kellogg Date 1/6/14

Plan Approved Y Not Approved ____ Date 1/23/14

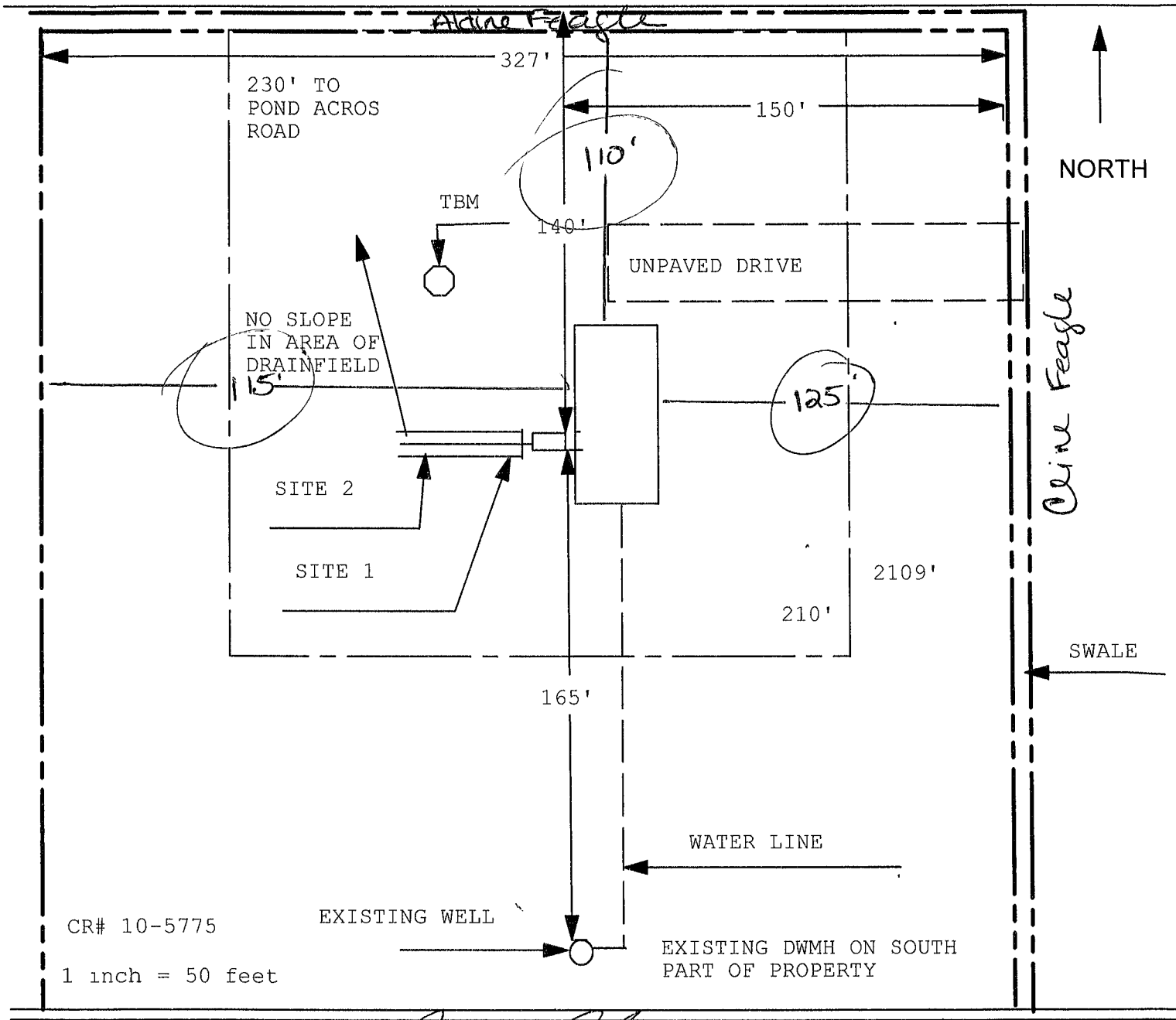
By _____ CPHU

Notes: _____

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 67

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Lloyd **Date** 1/6/14

Plan Approved____ **Not Approved**____ **Date**_____

By_____ _____ **CPHU**

Notes:_____