

Incorporated 62-6.004, FAC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PERMIT NO. ZZ-08ZO
DATE PAID: 9 27 24
FEE PAID:
RECEIPT #: 100 304

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ADDI TOLMTON	I BOD CONCERDIGET	ON DEDUCE	
	N FOR CONSTRUCTI	ON PERMIT	
APPLICATION FOR:			
[] New System [] [] Repair []	Existing System	[] Holding Tank	[] Innovative
APPLICANT: Chendo			
AGENT:		TELEPHO	386454-3090
MAILING ADDRESS: 44	SE Adam	SST. High Sp	eings, FL32643
TO BE COMPLETED BY APPLICA BY A PERSON LICENSED PURSU: APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUI	ANT TO 489.105(3) (m TO PROVIDE DOCUMEN) or 489.552, Florida ST TATION OF THE DATE THE I N OF STATUTORY GRANDFATH	ATUTES. IT IS THE OT WAS CREATED OR ER PROVISIONS.
PROPERTY INFORMATION	ad til production delication of the colored to		IATION PLAN? [Y/N]
LOT:BLOCK:	SUBDIVISION:		PLATTED:
PROPERTY ID #: 0 - 1	7-09970-0030	NING: I/M OR EQ	DIVALENT: [Y/N]
PROPERTY SIZE:4.23 ACRES	WATER SUPPLY: []	PRIVATE PUBLIC []<=2	000GPD []>2000GPD
IS SEWER AVAILABLE AS PER	381.0065. FS? [Y /	N DISTANC	E TO SEWER: FT
	2		
PROPERTY ADDRESS: 400	1SE Adams	ST AIGHSDRIN	195 FL 32643
		1.1.	11.
DIRECTIONS TO PROFERTY:	-		
BUILDING INFORMATION	[X] RESIDENTIA	L [] COMMERCIAL	
Unit Type of	No. of Buile	ling Commercial/Institu	tional System Design
No Establishment		Sqft Table I, Chapter 6	
1 0		. 1	1 .4.14
BARD	03 0	4 yr buil	17980
2		4	
3			
4			
[] Floor/Equipment Drain	as [] Other (S	pecify)	
SIGNATURE: Many	wantal.	DATE	: 9-26-22
DEP 4015, 06-21-2022 (Obsol	etes previous editi	ons which may not be use	ed)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

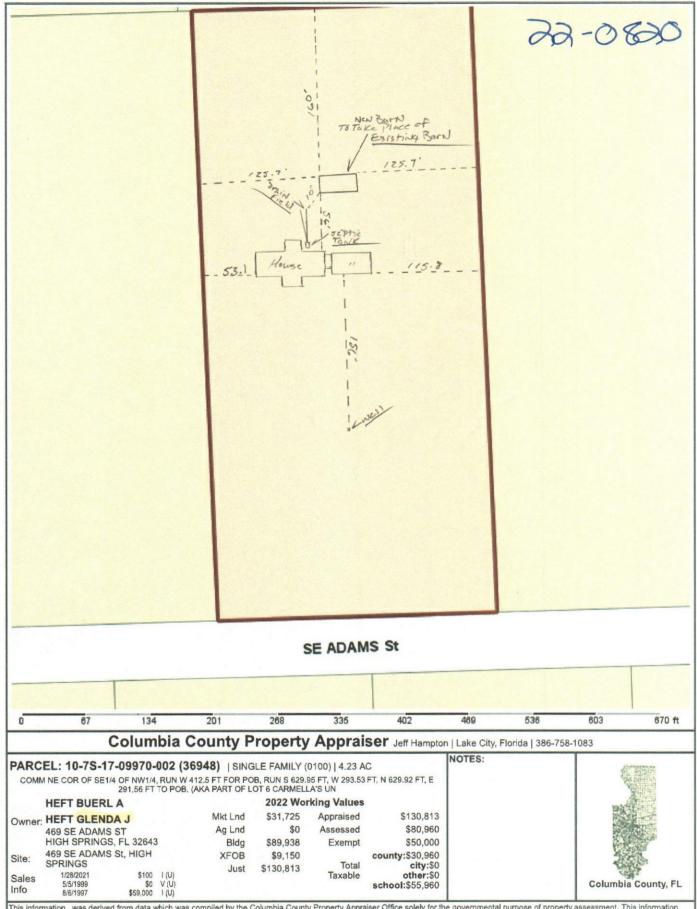
Permit Application Number

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Apr	rove	d	٠	/						1	N	ot A	ppro)									D	ate		ld	6/2	7
Plan submitted by: Slevelout				.,	PC 2							- Chambia					Date 10 02											

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-6.004,F.A.C.

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