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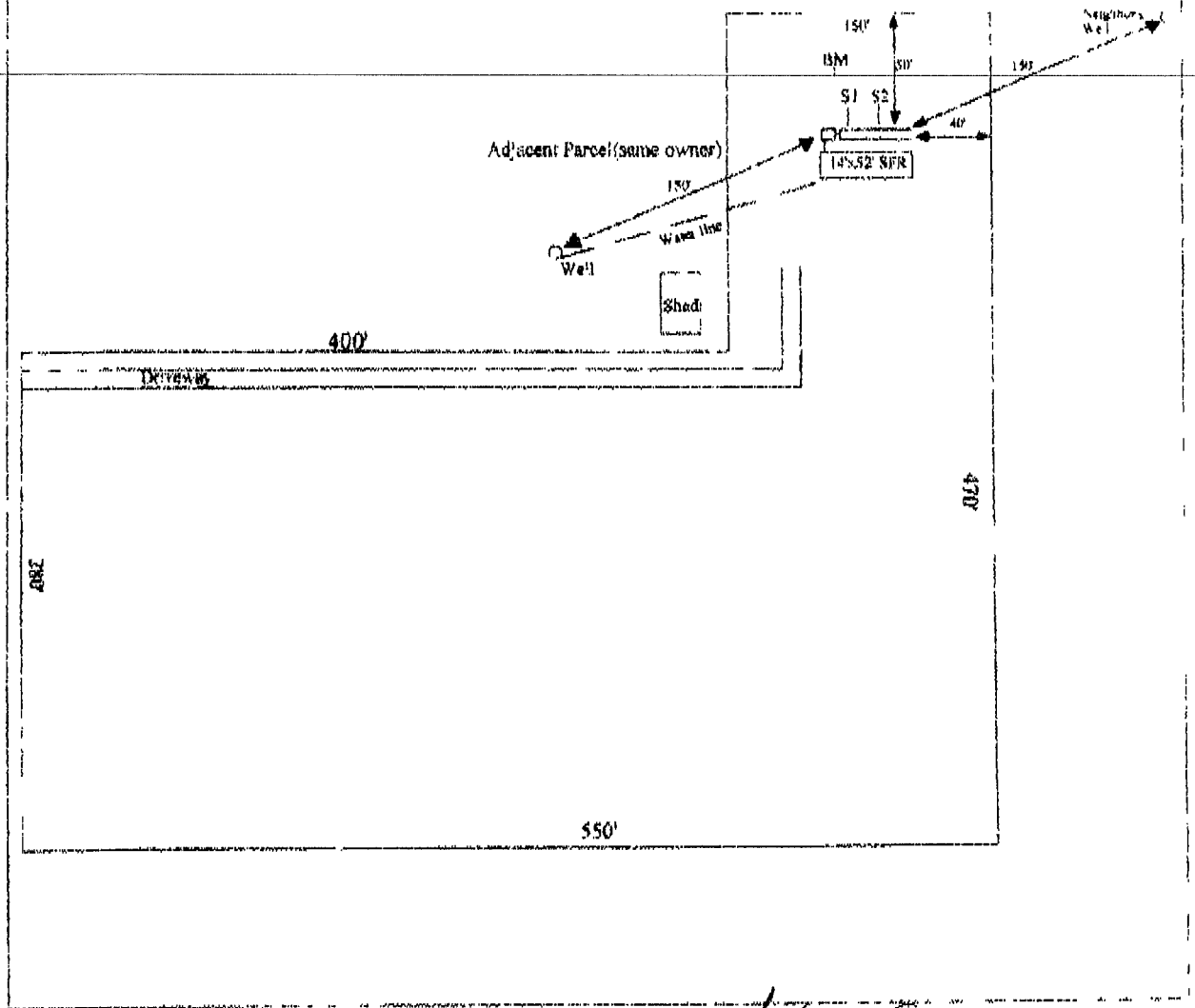
STATE OF FLORIDA DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT
PART II SITE PLAN

PERMIT APPLICATION NUMBER _____

APPLICANT: Larson

SCALE 1" = 87'



NOTES: _____

SITE PLAN SUBMITTED BY: Elliot Bronson
ELLIOT BRONSON 11-1789

PLAN APPROVED X NOT APPROVED _____ DATE 1/27/14

BY _____ COUNTY HEALTH DEPARTMENT