## 350 112 104 954



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

PERMIT NO.	2V-C	356	
DATE PAID:	1	1421	
FEE PAID: RECEIPT #:	700	200	/
TODILI II.	1653	5714	_

APPLICATION FOR:  [ ] New System [ ]  [ ] Repair [ ]		tem [	Holding Tan Temporary	.k [ ] Innovative
APPLICANT: David Neil	1			
AGENT: Randy Howard			r	TELEPHONE: 590-4884
MAILING ADDRESS: 22964	CR49 Obr	ien		
TO BE COMPLETED BY APPLICA BY A PERSON LICENSED PURSU APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	ANT TO 489.10 TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552, FLORID N OF THE DATE T	DA STATUTES. IT IS THE THE LOT WAS CREATED OR
PROPERTY INFORMATION				
LOT: BLOCK:	SUBDIVISION	T:		PLATTED:
PROPERTY ID #: 12-65-16	03816-129	ZONIN	G: I/M	OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 10.18 ACRE	S WATER SUPP	LY: [ ] PR	IVATE PUBLIC [	]<=2000GPD [ ]>2000GPD
is sewer available as per property address: 57/				TANCE TO SEWER:FT
DIRECTIONS TO PROPERTY:			7	
BUILDING INFORMATION	[ ] RESI	DENTIAL	[ ] COMMER	CIAL
Unit Type of No Establishment	No. of Bedrooms		Commercial/Ins Table 1, Chapt	stitutional System Design ter 64E-6, FAC
1 MH	4	1568	28×56	
2				
3	_			
4				
[ ] Floor/Equipment Drai SIGNATURE: any	How Oth	her (Specif	7)	DATE: 4/13/2021

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

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

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Permit Application Number 21-0356

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