

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

| PERMIT NO. | 71-0648 |
|------------|---------|
| DATE PAID: | 1123/21 |
| FEE PAID: | 4000 |
| RECEIPT #: | 1499745 |

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [] Existing System [] Holding Tank [] Innovative [] New System [] Abandonment [] Temporary [] [] Repair APPLICANT: Eff LAWNS UC Todd Salig true Jax &C 32211 MAILING ADDRESS: 7019 -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: 171 BLOCK: ____ SUBDIVISION: The River W/8 PLATTED: ____ PROPERTY ID #: 00-000-0||4(0-000 ZONING: _____ I/M OR EQUIVALENT: [Y /N, PROPERTY SIZE: 92 ACRES WATER SUPPLY: [PRIVATE PUBLIC []<=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? (Y (N)) Sephic DISTANCE TO SEWER: _____FT PROPERTY ADDRESS: 455 SW Deleuse Way DIRECTIONS TO PROPERTY: RESIDENTIAL [] COMMERCIAL BUILDING INFORMATION No. of Building Commercial/Institutional System Design Unit Type of No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC Corport to cover 0 0 21-0350 [] Floor/Equipment Drains [] Other (Specify)

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0648

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

