

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

PERMIT NO.	0.0899
DATE PAID:	0800
FEE PAID: RECEIPT #:	435.50
RECEIPT #:	1583468

APPLICATION FOR:				
[] New System [] Ex [] Ab				
APPLICANT: RIGHARD RAYZ	OR 5	ERHNY)	Desherorm	ENT GROUP LLC
AGENT:				TELEPHONE: 850 855 1800
MARLING ADDRESS: 1305 NW	142 nd A	IE GAINE	STILLE, FI	- 32609
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.10: PROVIDE DO	5(3)(m) OR OCUMENTATION	189.552, FLOI	RIDA STATUTES. IT IS THE E THE LOT WAS CREATED OR
PROPERTY INFORMATION				
LOS: Z1 BLOCK: S	NOTSIVIDEN	FORT W	HITE PARK	PLATTED:
PROPERTY ID #: 34.65.16	04060.	121 ZONING	: <u>R</u> I	/M OR EQUIVALENT: [Y N
PROPERTY SIZE: .52 ACRES	WATER SUPP	LY: [] PR	VATE PUBLIC]<=2000GPD []>2000GPD
IS SEWEF AVAILABLE AS PER 381	.0065, FS?	[Y (N)	D	ISTANCE TO SEWER:FT
PROPERTY ADDRESS: 344 5.	W. BLVE:	TAY LOURT		
DIRECTIONS TO PROPERTY: FROM	n 1744 5	PRW45 7	TA OF AT	WHITE RIGHT ON
SWALUE JAY GOURT. 1		16		
BUILDING INFORMATION	[V] RESI	DENTIAL	[] COM	ŒRCIAL
Unit Type of No Establishment	No. of Bedrooms	Building Area Sqft		Institutional System Design apter 64E-6, FAC:
SIMILE FRAM RESTORNE	£ 3	2436 TOTAL		
3			**************************************	
4				
[] Floor Equipment Drains	[] Oth	er (Specify)	
SIGNATURE: 25147				
DH 4015, 08/09 (Obsoletes pre Incorporated 64E-6.001, FAC	vious editi	ions which r	may not be us	M 256 Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20 -079

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	COTY WATER. RONT, 10 STORS	C117 WATXOF. RONT, 110 STOR3, 15 RESM	CITY WATER. RONT, 10 STORS, 15 ROMR.	CITY WADER. 15 RIDER &	Cotty Water 10/1/2020

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT