



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

PERMIT NO.	Sp.	-25	31	D
DATE PAID:	10	9	X	>
FEE PAID:	H	524	5	00
RECEIPT #:	15	X	15	77

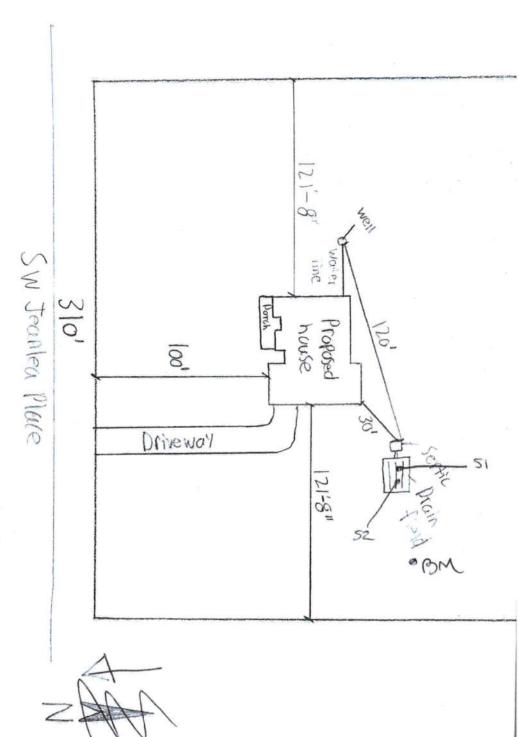
	TON COMST	RUCTION P	FEMILI			0000
APPLICATION FOR: [New System [] E: [] Repair [] Al	kisting Sys candonment	tem [] Hol	ding Tank	[]	Innovative
APPLICANT: Ralph + Eliza	aheth Bo	nanza				
AGENT: America's Home	Place -	Alex Lo	cay	TI	ELEPHONE:	352-244-8247
mailing address: 9200 NW	39th Av	e. Suite	90, 6	ainesvil	ie, FL	32606
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552 N OF TH	, FLORIDA	STATUTE IE LOT WA	S. IT IS THE
PROPERTY INFORMATION						
LOT: 16 BLOCK:	SUBDIVISION	: Foxw	ood		P	PLATTED:
PROPERTY ID #: 27-65-16-	03951-116	ZONIN	G:	I/M (OR EQUIVA	ALENT: [Y N
PROPERTY SIZE: 5. ACRES	WATER SUPP	LY: [√] PR	IVATE	PUBLIC []<=2000	GPD []>2000GPD
PROPERTY ADDRESS: TBD 5	.0065, FS?	[Y / N]		DIST	ANCE TO S	SEWER: FT
PROPERTY ADDRESS:	W Jeanler	a place,	fort 1	White, F	L 320	38
DIRECTIONS TO PROPERTY: 50	e attack	ned				
BUILDING INFORMATION	[√] RESI	DENTIAL	[] COMMERC	IAL	
Unit Type of No_ Establishment	No. of Bedrooms			cial/Inst	itutional	l System Design FAC
•	The second second		-			
New Residential home	_3_	2198				
3						
4						
[] Floor/Equipment Drains	[] Oth	er (Specify	y)			
SIGNATURE: R. B.	$\neg \lambda$				DATE:	0/2/2020
DH 4015, 08/09 (Obsoletes pre	vious editi					

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

Permit Application Number 38-3810

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Bonanza Residence 3/16"=10'-0" Parcel ID: 27-65-16-03951-116