

Incorporated 64E-6.001, FAC

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

PERMIT NO.	30	-0	92	0
DATE PAID:	7	2	3	20
FEE PAID: RECEIPT #:	16	204		200

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [X] Swimming Pool APPLICANT: MIKE and OY Laurie Manual May Moran  AGENT: Raymond Peeler - Peeler Pools Telephone (386) 755-2848  MAILING ADDRESS: 158 SWEIK Hunter Glenn Ft. White, F1 32038
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: 49 BLOCK: SUBDIVISION: Meadowlands PLATTED:  PROPERTY ID #: 01-65-16-03761-148 ZONING: I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 20 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / P)  DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 989 SW High Field Terr Lake City, F1 3202 DIRECTIONS TO PROPERTY: 441 S to Tustenuggee tue. R on Meadwlands Dr. R on Highfield Terr. Property on R
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL  Unit Type of No. of Building Commercial/Institutional System Design
Unit Type of No Establishment  Doc Of Building Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC  ORIGINAL ATTACHED  ORIGINAL ATTACHED
[ ] Floor/Equipment Drains [ ] Other (Specify)  SIGNATURE: DATE:  1-13-20  DH 4015, 08/09 (Obsoletes previous editions which may not be used)  Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0950

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT