

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

PERMIT NO.	<u> </u>	2	56	40	E
DATE PAID:	10) (0	73	<u></u>
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RECEIPT #:	1/15	15	7,	7	

SYSTEM APPLICATION	FOR CONSTRUCT	ION PERMI		CEIPT #: //3	9577
APPLICATION FOR: New System [X] [] Repair []		H []	olding Tank emporary	[] Innovat	cive -
APPLICANT: Kelly or Maria Harm	on				
AGENT: Dennis Ondrako			TEL	EPHONE : 352-	283-154
MAILING ADDRESS: 4011 NW 23	rd.Terrace Gainesvill	le,Fl. 32605			
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.105(3)(TO PROVIDE DOCUME	m) OR 489.5 NTATION OF	52, FLORIDA S	STATUTES. IT : LOT WAS CREATE	ed or
PROPERTY INFORMATION			1/-61	1,	
LOT: 3 BLOCK: B	SUBDIVISION: FOR	REST COUNT	RY KA	PLATTED:	***************************************
PROPERTY ID #: 15-48-16-03000					
PROPERTY SIZE: 0.730 ACRES	WATER SUPPLY: [×] PRIVATI	PUBLIC [<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 3				CE TO SEWER: _	FT
PROPERTY ADDRESS: 216 SW LC	NG LEAF DR. LAKE	CITY, FL. 32	024		
DIRECTIONS TO PROPERTY: US	90 WEST TO HWY 24	17. SOUTH OI	N 247 TO SW MG	ONK WAY TURN L	EFT,
DRIVE 10 OW LONG LEAT DATE		as emagado as equisiçamient de deplicare de emagado es apertencia de			1
BUILDING INFORMATION	[RESIDENTI	AL	[] COMMERCI	AL.	
Unit Type of No Establishment		a Sqft Tab	mercial/Insti le 1, Chapter	-	m Design
1 Existing SF	R 3 21	658	(ADI	GINAL ATTACHI	FD.
2 adding	2000	_		GINAL ATTACH	Mary Mary Control of the Control of
3	· Laar				
4					
[] Floor/Equipment Drain		Specify)			
SIGNATURE: Mense	Oncleake			DATE: 10/15/20	13

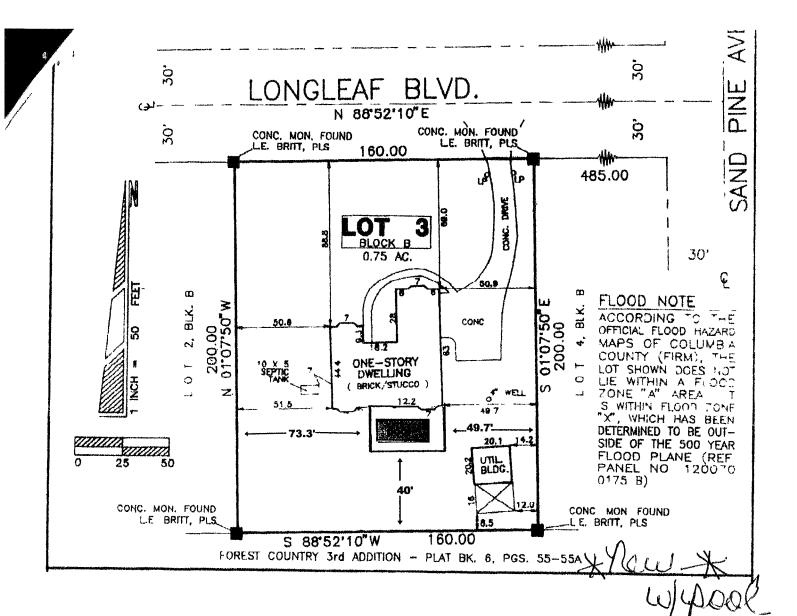
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR CONSTRUCTION PERMIT

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CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Site Plan