

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

(54)	21.	0649
	100	

PERMIT NO. 12.56-7334941

DATE PAID: 7.26.21

FEE PAID: (00.00)

RECEIPT #:

AP 16 79 200

[ ]	CATION FOR:  New System [ ]  Repair [ ]		tem [	]	Holding Temporar	Tank Y	1	]	Innovative
	:					TEI	EPHO	NE:	386-208-330
MAILI	ng address: Sus ne	cr 400	Mayo Fl.	3	2066				
BY A APPLI	COMPLETED BY APPLICA PERSON LICENSED PURSU CANT'S RESPONSIBILITY ED (MM/DD/YY) IF REQU	ANT TO 489.10 TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489 N C	.552, FLO	RIDA E THE	STAT	UTES WAS	S. IT IS THE
PROPE	RTY INFORMATION								
LOT:	<b>⊅</b> Д ВГОСК:	SUBDIVISION	1: Three R	ive	s Estate	2		P	LATTED:
PROPE	RTY ID #: 00-00-00 -	10543 -001	ZONIN	G:	3	/M OI	R EQU	JIVA	LENT: [Y/N]
PROPERTY SIZE: 0.70 ACRES WATER SUPPLY: [ / ] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER:FT									
	TIONS TO PROPERTY:								
	o Riverside Ave								
BUILD	ING INFORMATION	[/] RESI	DENTIAL		[ ] COM	MERCI	AL		
Unit No	Type of Establishment	Bedrooms	Building Area Sqft						System Design
1	Porch + lawling addi	- Cu,1	400						
2	SER SER	7							
3	771		15/0	_	otal				
4			1560	_	OTAL				
t 1	Floor/Equipment Drai	ns [ ] Otl	her (Specif	y)					
SIGNA	TURE: Carolla La						DATE	. `	7-21-21

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0649 ----- PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Slope 43' 19 moodun property Ave Road 40x 10 across New Addition room Site Plan submitted by: Date: 7-26-21 Agent: Owner: Date 7/20/2021

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved\_\_\_

Plan Approved

COLUMBIA County Health Department