

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

DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR:

	New System Repair]					Innovative
APPLI	CANT: Richard Hilto	on								
AGENT	: Dale Burd / Dale B	urd LLC					TELE	PHO	NE:	386-365-7674
MAILI	NG ADDRESS: 206	19 County R	oad 137, Lake (City, FL, 32024						
BY A DAPPLIC	PERSON LICENSED CANT'S RESPONSI ED (MM/DD/YY) II	PURSUANT BILITY TO F REQUEST	TO 489.10 PROVIDE D	5(3)(m) OR OCUMENTATIO ERATION OF	489 N O	.552, FLO F THE DAT TUTORY GR	RIDA S E THE ANDFAT	TATU LOT HER	WAS PRO	CREATED OR
	RTY INFORMATION				===					
LOT:	21 BLOCK:	NA S	SUBDIVISION	: Lyn-Dee Da	iry S	/D			PI	LATTED: NA
PROPEI	RTY ID #: 30-7S-	17-10069-12	1	ZONING	G: _	na	I/M OR	EQU	IAVI	LENT: [No]
PROPE	RTY SIZE: 10.01	ACRES	WATER SUPP	LY: [✓] PR	IVA	TE PUBLI	c []	<=20	000G	GPD []>2000GPD
IS SEV	WER AVAILABLE A	S PER 381	.0065, FS?	[No]		I	DISTANC	E T	o si	EWER: na FT
PROPE	RTY ADDRESS: 84	1 Chalet Terr	, Fort White, Fl	L, 32038						
DIREC	TIONS TO PROPER	TY: SR 47	South, TL US 2	27, TR CR 138,	TR C	halet Terr, 70	00 feet to	drive	way	on right
BUILD	ING INFORMATION		[✓] RESI	DENTIAL		[] COM	MERCIA	L		
Unit			No. of							System Design
No_	Establishment	111	Bedrooms	Area Sqft					-6,	FAC
1	SF Residential		3	1976	3 B	BR for 3BR L	ike for Li	ke		
2				-	_0	ORIGINAL .	ATTACI	HED	_	
3					_					
4										
[]	Floor/Equipment	t Drains	[] Oth	ner (Specify	<u>()</u>					
	154	2	0						2_3	
SIGNAT	TURE:		7		-		D.	ATE:	: 7/1	16/2020

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 ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number 0560
flitton .	PART II - SITEPLAN
Scale: 1 inch = 40 feet.	li,
	138
	EXISTING
	DO 1 - 38
	Note It BADE
	95' 38R 95'4 95'8
	STOCK SI
	STORE WELL
	30
Notes:	of 10.01 AGRES PLEASE SEE AHARAGE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Site Plan submitted by:	7/16/20 CONTRACTOR
Plan Approved	Not Approved Date 7/70/76
Ву	County Health Department
ALLCHANGI	S MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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