

SSOCOF#: 175 002 748 done on 06.23.2020



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

| PERMIT NO. | 20-04-97 |
|-------------------------|----------|
| DATE PAID: FEE PAID: | 3 3 3 30 |
| RECEIPT #: | 151/233 |

| APPLICATION | FOR CONSTRUCTION PERMIT |
|--|---|
| PRICATION FOR: New System [] Repair [] | Existing System [] Holding Tank [] Innovative Abandonment [] Temporary [] Conf(acting LLC |
| APPLICANT: 516 (altar | Contracting, LLC |
| MGENT: Mark Baves | WOT DOMAND. |
| MAILING ADDRESS: 20267 | NW 248th Way, High Springs FL 3.2643 |
| APPLICANT'S RESPONSIBILITY | TO RAPPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED ANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR STATUTORY GRANDFATHER PROVISIONS. |
| PROPERTY INFORMATION | |
| LOT: 24 BLOCK: | SUBDIVISION: CGMOON Creek Place PLATTED: |
| PROPERTY ID #: 24-45 | -16-03114-124 EONING: I/M OR EQUIVALENT: [Y N] |
| PROPERTY SIZE: .52 ACRES | WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GFD |
| s sewer available as per 3 | B81.0065, F8? [Y (N)] DISTANCE TO SEWER: N/A FT |
| PROPERTY ADDRESS: 261 05 | V Arrowbend Dr. Laxe CITY FL, 32024 |
| DIRECTIONS TO PROPERTY: | ding sutn on sisters welcome road, turn left onto su |
| Kicklighter terrace, and | follow the left to SW connon crack trive Tage |
| first count onto Corold | Conner Driand left on SW Arganband Dr. House is on left |
| BUILDING INFORMATION | |
| | [X] RESIDENTIAL [] COMMERCIAL |
| Onit Type of Establishment | No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC |
| 1 Cal Cal Data | |
| 2 Single Family Dwelling | 1271 |
| 3 | |
| 4 | |
|] Floor/Equipment Drain | |
| IGNATURE: Q. C. Farl Ra | DUALO FOLD DATE: 5-23-2010 |
| H 4015, 08/09 (Obsoletes p noorporated 64E-6.001, FAC | revious editions which may not be used) |
| and the second s | Dame 1 |

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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

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|------|---|-------------|----|-------|
| | • | CAL PURELLY | | Sugie |

| Permit Application Number | 1 | 0-049 | / |
|---------------------------|---|-------|---|
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PART II - SITEPLAN _____

See attached. Thank you!

| Notes: 201 St | w Arrowbend Dr | ive |
|-------------------------|----------------|--------------------------|
| Lare | City, FL 32024 | |
| AN | | |
| Site Plan submitted by: | Dy-Ronald Ford | W 11 |
| Plan Approved | Not Approved | Date 6/14/414 |
| ByKun Ry | (dusia | County Health Department |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

Submitted by: Ronald Ford Ford

