(386) 758-2107 # 1/ /

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

PERMIT NO. 14-0164M
DATE PAID: 3/17/14
FEE PAID: $ 260.00
RECEIPT #: 1159692

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: ~~Steve Bell~~ Jacqueline Bell & Patrick Bell

AGENT: Treea Foste TELEPHONE: 386-466-1845

MAILING ADDRESS: 890 S.W. Mauldin Ave Lake City, FL

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: 4 BLOCK: _____ SUBDIVISION: Mauldin Woodlands PLATTED: _____

PROPERTY ID #: 33-4S-16-03265-104 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.79 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: Take 75 S to 47 (Cty Rd) take (R) Go to Canton Light make (R) on to 240 go to Mauldin Ave take (R) go about 1/4 mile 890 on (R)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Residential	4	2432	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: [signature] DATE: 3-17-14

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

DEPARTMENT OF HEALTH

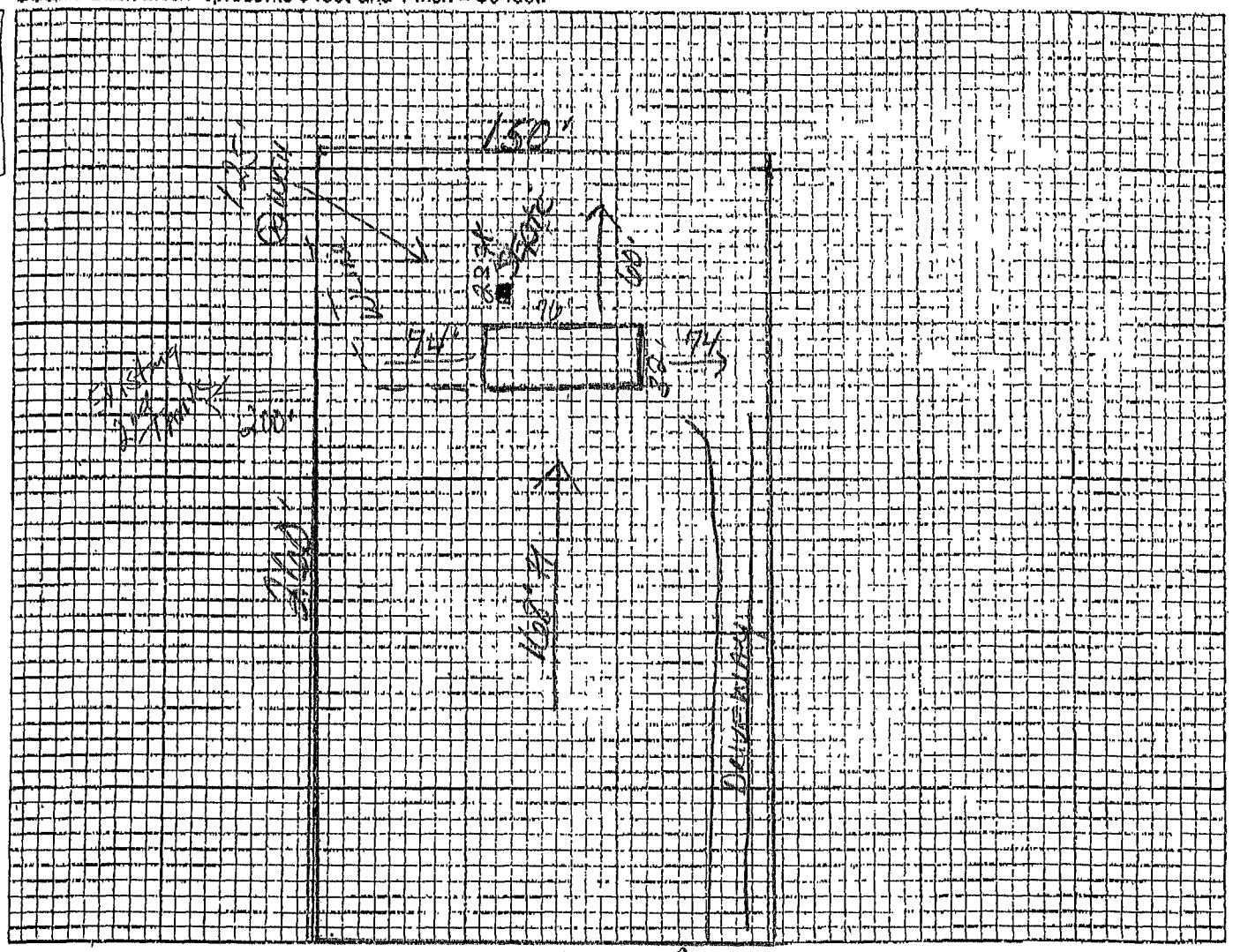
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-0164M

Property 2.79 Acres

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: SW Maulin Ave

Site Plan submitted by: _____ Signature _____ Title

Plan Approved X Not Approved _____ Date 4/8/14

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-6)