

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

PERMIT NO FEE PAID: RECEIPT #:

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APPLICATION FOR CONSTRUCTION PERMIT	MECEIFI #: 1608
APPLICATION FOR:	
[New System [] Existing System [] Holding Tar	nk [] Innovative
1 Temporary	[]
APPLICANT: PYOH KOON	
AGENT: ROBER W FORD III NEST, INC	TELEPHONE: 155-6312
MAILING ADDRESS: 141 St State Koad 100 Lake City	FI 32025
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SY BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORID APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE T PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRAND	A STATUTES. IT IS THE
PROPERTY INFORMATION	
	PLATTED: 1994
PROPERTY ID #: 1935-16-02186-02 ZONING: MH I/M	OR EQUIVALENT: [Y/M]
PROPERTY SIZE: ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/X] DIST	PANCE TO SEWER: FT
PROPERTY ADDRESS: 154 NW MPO1 Rd 10KF	Ofther FIG
DIRECTIONS TO PROPERTY: TRON 41 N. YLON NW 1305	CONOL MIDENIS DE
TRON Lake Jeffeni Rd. Ton NW No	CONTINUING OF
TELLING OCTION NO NO	eyerka 10
1104	J
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERC	CIAL
Unit Type of No. of Building Commercial/Inst No Establishment Bedrooms Area Sqft Table 1, Chapte	citutional System Design
1 100/00000 11 0000	- VIII () III
mnume 4 22XU	
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: KOLLER W. GOVA (III	DATE: 12-15-2020
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC	Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

344.54 210 7200 50 210 80' 30 × 76' Box 4 BE 100 210 102 XYY ZID DIW 75" Ortue 210 60 216 NoEgelAve lotes: ite Plan submitted by Ralust w ian Approved Mot Approved County Health Department

BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

4 4015, 08/09 (Obsoletes provious editions which may not be used) incorporated: \$45-5.001, FAC tock Number: 5744-082-4015-8)

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