STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATM	ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM			FEE PAID: 105000 RECEIPT #: 113448	
APPLICATION FOR CONS	TRUCTION PER	RMIT -			
APPLICATION FOR: [] New System [] Existing S [] Repair [] Abandonment	System []	Holding Tank Temporary	[] Inno	ovative DIFICATION	
APPLICANT: BRYANT & ANGELA JENNINGS					
AGENT: PAUL LLOYD		TEL	EPHONE: <u>(386)</u>	466-1969	
MAILING ADDRESS: 109 NW SPRING HILL CT		LAKE CIT	Y FI	32055	
TO BE COMPLETED BY APPLICANT OR APPLI BY A PERSON LICENSED PURSUANT TO 489. APPLICANT'S RESPONSIBILITY TO PROVIDE PLATTED (MM/DD/YY) IF REQUESTING CONS	105(3)(m) OR 4 DOCUMENTATION	89.552, FLORIDA OF THE DATE TH	STATUTES. E LOT WAS C	IT IS THE REATED OR	
PROPERTY INFORMATION				,	
LOT: N/A BLOCK: N/A SUBDIVIS	ION: METES AND	BOUNDS	PLAT	red:	
PROPERTY ID #: 26-3S-15-00247-000	ZONING	: AG I/M OF	R EQUIVALEN	T: [NO]	
PROPERTY SIZE: 45.000 ACRES WATER SU	PPLY: [X] PRI	VATE PUBLIC []<=2000GPD	[]>2000GPD	
IS SEWER AVAILABLE AS PER 381.0065, E	rs? [NO]	DISTA	NCE TO SEWI	ER: N/A FT	
PROPERTY ADDRESS: 203 NW SPRING HILL C	т.				
DIRECTIONS TO PROPERTY: 90 WEST PAST	I-75 TURN RIGHT	ON SPRING HILL C	Г. TO HOUSE	AT END.	
BUILDING INFORMATION [X] RESIDENT	IAL [] COMM	ERCIAL			
Unit Type of No. of Bedroom		Commercial/Insti Table 1, Chapter		_	
1 HOUSE	6,000	ORIGIN	AL ATTACHE	ED	
3					
4					
[] Floor/Equipment Drains [] Ot	her (Specify)				
SIGNATURE: Con Hamil			DATE: 2	3/14	

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

CR # 10-5795

PERMIT NO. DATE PAID:

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



