



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

PERMIT NO. 14-0945E  
DATE PAID: 4/25/14  
FEE PAID: 100.00  
RECEIPT #: 1194841

## APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Waughy ShawAGENT: Raymond Peelen TELEPHONE: 386 867 4888MAILING ADDRESS: 9878 S US Hwy 441 Lake City

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: — BLOCK: — SUBDIVISION: — PLATTED: —PROPERTY ID #: 19681709698032 ZONING: — I/M OR EQUIVALENT: [ Y / N ]PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: — FTPROPERTY ADDRESS: 567 S.W. Cumorah Hill St.DIRECTIONS TO PROPERTY: (S) Tuskenugsee → West on Cumorah - house # 567 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	SFR	3	2124	ORIGINAL ATTACHED
2	Pool			
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) —SIGNATURE: Raymond Peelen DATE: 4-22-14

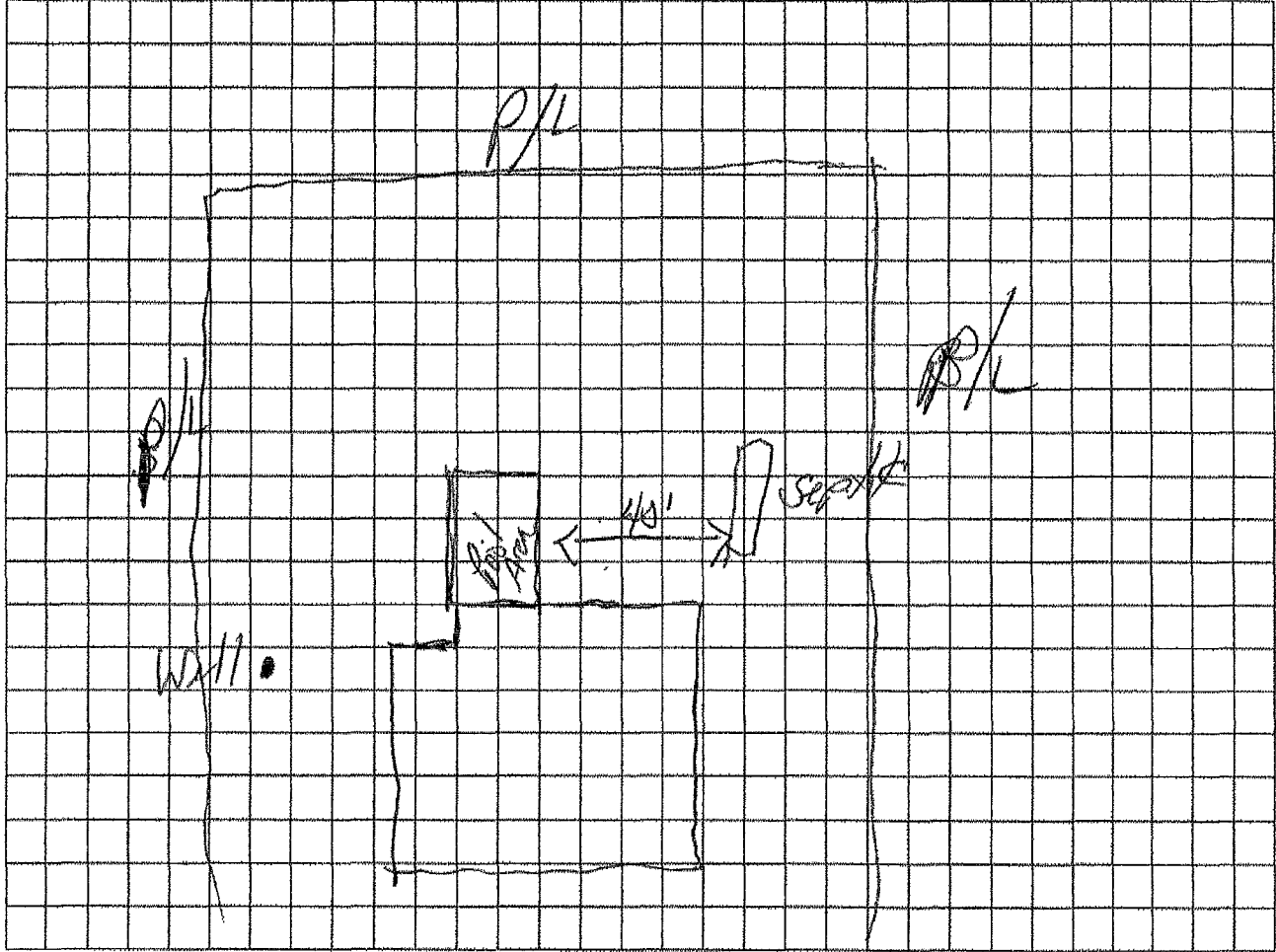
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

67  
14-0245E

## ----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet



Notes: \_\_\_\_\_

Site Plan submitted by:

Raymond Peter Peter Potts

Plan Approved

REVIEWED

Not Approved

By

C. Cheshire

Date

5/1/14

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT