(Air)

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. 20 27 85
DATE PAID: 3 0 5 6
RECEIPT #: 5 8 1 2 7 0

FEE PAID: ONSITE SEWAGE TREATMENT AND DISPOSAL RECEIPT #: SYSTEM APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [ ] Existing System [ ] Holding Tank [ ] Innovative [X] New System [ ] Repair [ ] Abandonment [ ] Temporary [ ] APPLICANT: AMBER SUHL AGENT: KDK PERMITTING TELEPHONE: (386) 688-2245 MAILING ADDRESS: 1154 NW NOGEL RD. LKE 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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: PROPERTY ID #: 36-4S-16-03300-018 ZONING: RES I/M OR EQUIVALENT: [ NO ] PROPERTY SIZE: 1.730 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ NO ] DISTANCE TO SEWER: N/A FT PROPERTY ADDRESS: 332 SW KING ST. LAKE CITY DIRECTIONS TO PROPERTY: SR 47 SOUTH JUST PAST I-75, TURN RIGHT ON KING ST. 3ED ON LEFT. BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL Unit Type of Building Commercial/Institutional System Design No. of No. Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1 MOBILE HOME 2,017 2 3 [ ] Floor/Equipment Drains, [ ] Other (Specify)

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

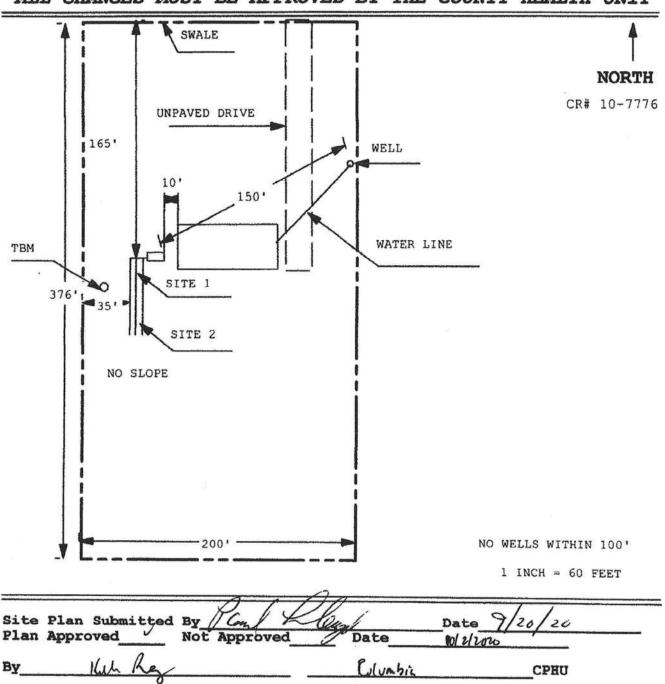
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DATE:

SIGNATURE:

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



Notes: