

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

| PERMIT NO. | 21-0142 |
|------------|----------|
| DATE PAID: | alialai |
| FEE PAID: | 200.00 |
| RECEIPT #: | 11230293 |

| 1 | APPLIC | CATION F | OR CONSTR | RUCTION PE | RMIT | | |
|---------------------------------|---|---------------------------------------|---|--|---|---------------------------------|---|
| [] | CATION FOR: New System Repair | [√] Ex: | isting Syst andonment | cem [|] Holding Ta | ank [|] Innovative |
| APPLI | CANT: Cailee Griffin | 1 | | | | | |
| AGENT | : Dale Burd / Dale Bu | urd LLC | | | | TELEPHO | ONE: 386-365-7674 |
| MATLT | NG ADDRESS: 206 | 19 County Ro | | | | | |
| | | | | | | | |
| TO BE BY A APPLI PLATT | COMPLETED BY A | PPLICANT PURSUANT BILITY TO F REQUEST | TO 489.105 PROVIDE DO ING CONSIDE | 0 (3) (m) OR OCUMENTATION ERATION OF | 489.552, FLOR N OF THE DATE STATUTORY GRA | IDA STAT THE LOT NDFATHER | MUST BE CONSTRUCTED TUTES. IT IS THE TWAS CREATED OR R PROVISIONS. |
| | RTY INFORMATION | | | | | | |
| LOT: | N BLOCK: | NA S | UBDIVISION | : Rolling Gree | n Hills Unrec | | PLATTED: NA |
| PROPE | RTY ID #: 02-6S- | 17-09553-015 | 5 | ZONING | 3: <u>NA</u> I/ | M OR EQ | UIVALENT: [No] |
| PROPE | RTY SIZE: 2.13 | ACRES | WATER SUPP | LY: [✓] PR | IVATE PUBLIC | []<=2 | 2000GPD []>2000GPD |
| | | | | | DI | STANCE | TO SEWER: NA FT |
| | RTY ADDRESS: 12 | | | | Road, 1.5 miles or | ı left (1st dr | rive past SE Pleasure Pl) |
| | | | | | | | |
| BUILD | ING INFORMATION | | [✓] RESI | DENTIAL | [] COMM | ERCIAL | |
| | Type of Establishment | | | | Commercial/I Table 1, Cha | | ional System Design E-6, FAC |
| 1 | SF Residential / MH | | 3 | 1508 | 3 BR for 3 BR Li | ke for like | |
| 2 | | | 7 | | Original 00-0256 | -NOI | RIGINAL ATTACHED |
| 3 | | | | | | | |
| 4 | *************************************** | | | | | | |
| [] | Floor/Equipmen | t Drains | [] Oth | ner (Specif | γ) | | |
| CTCNA | TURE: | 20 | | | | DAM | E: 2/11/2021 |
| SIGNA | TURE. | | | | | DAI | |

STATE OF FLORIDA DEPARTMENT OF HEALTH

| | APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number |
|--------|--|
| | PART II - SITEPLAN |
| Scale: | 1 inch = 40 feet. |

O horsen the head

| Notes: | | | |
|--|--------------|------------|-------------------------|
| Site Plan submitted by: Plan Approved By | Not Approved | (ul unhi a | CONTRACTOR Date 2/ເປັນໄ |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

