

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

PERMIT NO.	1-07.78
DATE PAID:	(123/21)
FEE PAID:	00,100
RECEIPT #: 27	30006

APPLICATION FO [] New Syst [] Repair	R: :em [/] E: [] Al	xisting Syst	cem [] Ho	olding Tank emporary	[]	Innovative
	MH PARK L						
ACENIE. PA	BARNEY					TEDHONE	: 386-209-0906
AGENT:	- BANCHO	Dea T 1	2 / /		- 0	C.	370000
MAILING ADDRES	s: 466 Su	ver. J. V	AUS LN+	LAK	E CITY	1 12	32036
BY A PERSON LI APPLICANT'S RE	D BY APPLICANT CENSED PURSUANS SPONSIBILITY TO /YY) IF REQUES	TO 489.105 PROVIDE DO	(3) (m) OR CUMENTATIO	489.55 N OF 1	52, FLORIDA THE DATE TH	STATUTI	AS CREATED OR
PROPERTY INFOR	MATION			_		, ^	
							PLATTED:
PROPERTY ID #:	33-35-16-02	440 - 000	ZONIN	G:	I/M	OR EQUIV	ALENT: [Y N)
PROPERTY SIZE:	J6 ACRES	WATER SUPPI	LY: [] PF	RIVATE	PUBLIC []<=200	OGPD []>2000GPD
							SEWER: >300 ' FT
	ss: 263 A						
							NW PARK
DR T/L	FOLLOW RO	AD DOWN	HILL & A	ROUNT	CORNER	70 3	SITE ON RIGHT.
						,	
BUILDING INFO	RMATION	[/] RESI	DENTIAL	1] COMMERC	CIAL	
Unit Type of No Establis	shment	No. of Bedrooms	The second secon		ercial/Inst e 1, Chapte		al System Design , FAC
1 Pamas	E RESPONSE	3	1008				
2	- Harrace		1000	-		-	
3							
4			-		-	-	
			-				
[] Floor/E	quipment Drains		ner (Specif	y)			
SIGNATURE:	faul a La	uny , A	ged			DATE:	9-20-21

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number O

e:	Lac	n r	loc	Kr	epr	ese	ents	10	te	et a	na	7 11	nch	= 4	0 fe	et.	_	T		Т	T	T	T	T	T	T	
					_						-	-	-			-	-	+	\dashv	-	+	+	-	+	+	+-	-
					_	_				_	-		-				-	-		-	+	+	+	+	+	+	
										_	-	-	-		_		-	-	_	_	+	+	+	_	-	-	
_											_		_					_		_	_	+	-	+	_	_	
											_	_									_	_	_	_			_
													/	\													
													4	5						1	1	1			1		/
													0	1	9		0	-		4	X	V	7	n	M	h	
																						1	7	9			1
																											2
																										1	
											T										1			T	1	1	
																								1	1	1	
											1	1	1								1		+	_	1	+	1
											_	+									+	+	+	+	+	+	_
				_						-	+	+	+	-				-			+	+	+	+	+	+	-
	7000					-	-		_	-	+	+	-	-							+	+	+	+	+	+	-
_	-					-					-	+	-	-				-			+	+	+	+	+	+	-
	-				_	-				-	+	+	\vdash						_		-	+	+	+	+	+	-
												_															
S:																											
_													_							-							
					_/																						
						/			0					1													
Pla	n su	bmi	tted	by:	1	an	R	is	200	m	7		1	19	ent		Т	TTL	E			DA	ATF	. 9	-2	1-2	2)
		red_		111	/				1	/	/	N1-4	App	A	1						-						

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

