



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

PERMIT NO. 14-0105E  
DATE PAID: 2/21/14  
FEE PAID: 60.00  
RECEIPT #: 130658

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: (Stephen) COLIN GLENN

AGENT: TRAVIS MEDeiros TELEPHONE: 386-755-5254

MAILING ADDRESS: 136 SW STEWART LOOP 32025

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: 1 BLOCK: B SUBDIVISION: PLANTATION ESTATES PLATTED: 7/8/66

PROPERTY ID #: 25-45-16-03167-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.86 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 136 SE STEWART LOOP

DIRECTIONS TO PROPERTY: 47 SOUTH TURN RIGHT ON CR 242, (L) ON STEWART  
LOOP, FIRST ON LEFT

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

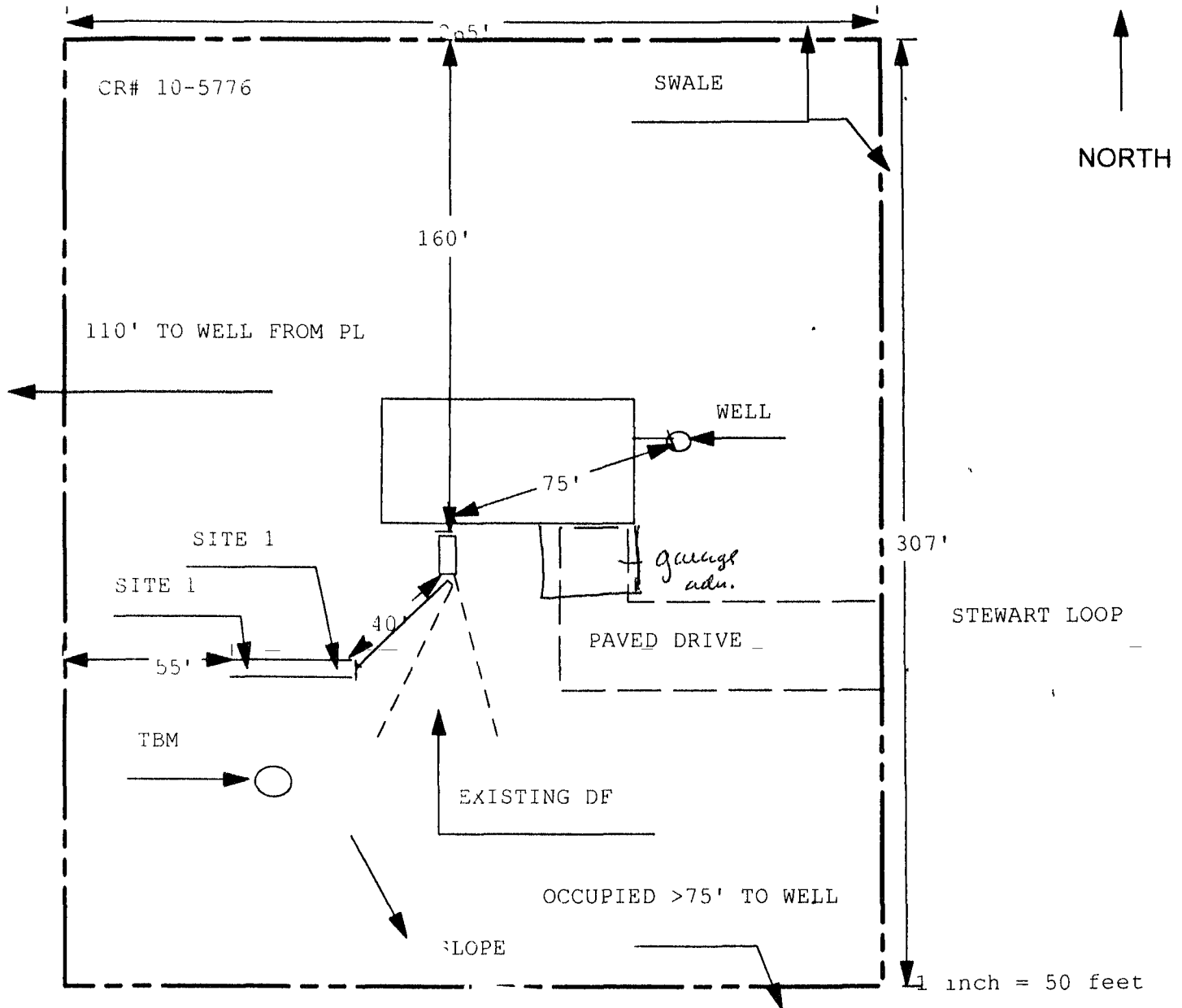
| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1       | EXISTING HOME         | 3               | 2167               |  |
| 2       | NEW GARAGE ADDITION   |                 | 500 SF             |  |
| 3       |                       |                 |                    |  |
| 4       |                       |                 |                    |  |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 2/21/2014

Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan  
Permit Application Number: 14-5105E

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By TRAVIS MEDEIROS Date 2/21/2014  
Plan Approved [Signature] Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By [Signature] CPHU  
Notes: [Signature]

SE