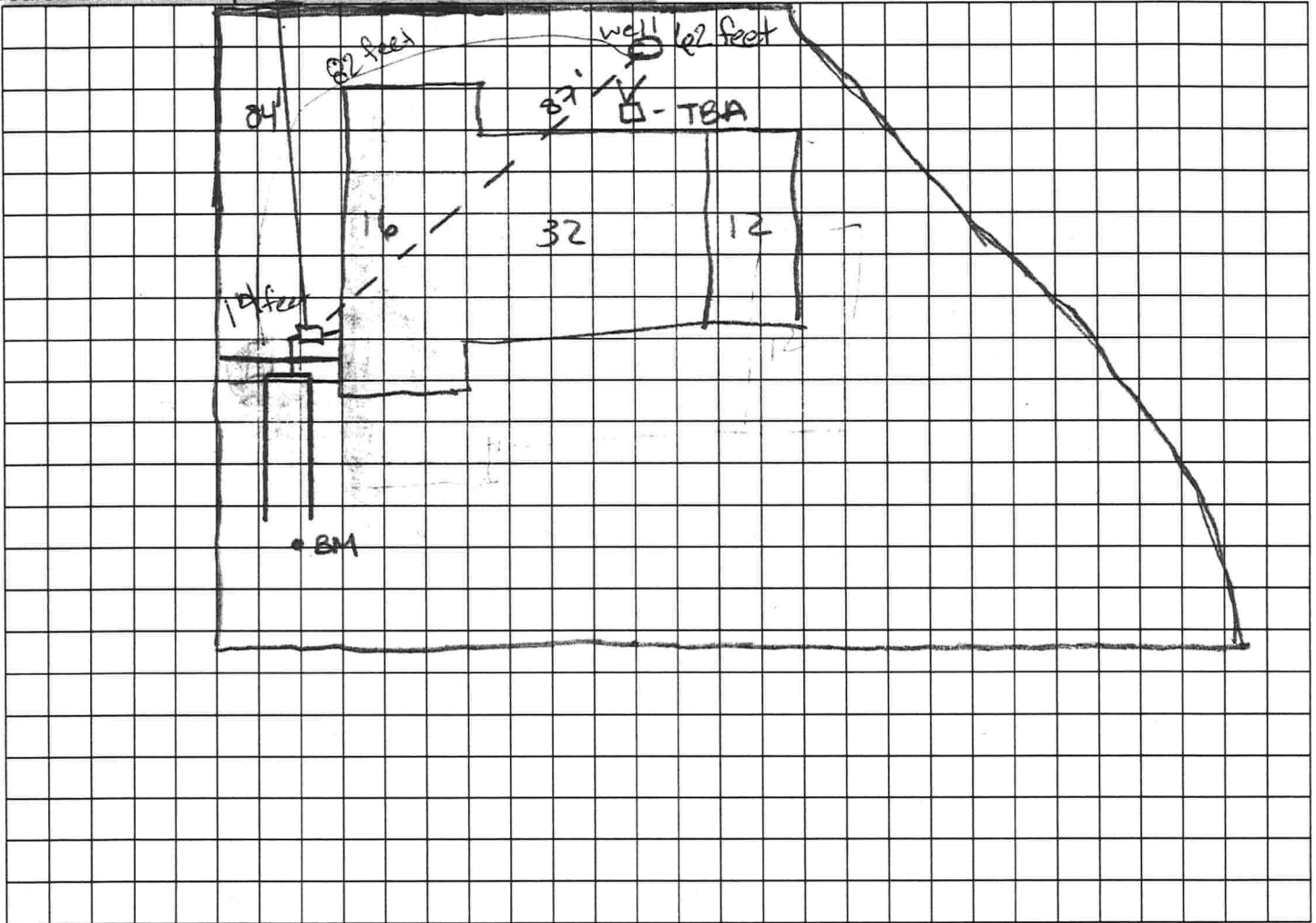


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-5541R

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

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



Notes: _____

Site Plan submitted by: [Signature] owner

Plan Approved X Not Approved _____ Date 7/2

By [Signature] **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT