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STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT	PERMIT NO. $\frac{21-0714}{0.24/2021}$ DATE PAID: $\frac{0/24/2021}{6000}$ RECEIPT #: $\frac{1714033}{714033}$
APPLICATION FOR: [] New System [] Holding Tan [] Repair [] Abandonment [] Temporary	k [] Innovative []
APPLICANT: John Sharm Collar	
AGENT: Je (F	ELEPHONE 36-289-9191
MAILING ADDRESS: 359 South East Seawolk Way High Springs, 760rida 32643	
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	Subdivision
PROPERTY INFORMATION LOT:	
property id $#35-65-19-09860-00^2$ zoning: Ag-3 i/m or equivalent: [y / n]	
PROPERTY SIZE: ACRES WATER SUPPLY: [/] PRIVATE PUBLIC []<=2000GPD []>2000GPD	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT	
PROPERTY ADDRESS: 359 South West SequOIF WAY, High Spinss	
DIRECTIONS TO PROPERTY: Hishway 441 East 32643	
BUILDING INFORMATION	CIAL
Unit Type of No. of Building Commercial/Ins No Establishment Bedrooms Area Sqft Table 1, Chapt	titutional System Design er 64E-6, FAC
mobile Horse 3 1140 Existing	
2 Agric, Barn _ O 1440 Existing	
3 Storage Building O 2700 Prolosed	d
4	
[] Floor (Equipment Drains [] Other (Specify)	
SIGNATURE: The Calla Con Lung	DATE: 8-22-2021
DH 4015, 08/09 (Obsoletes previous editions which may not be used Incorporated 64E-6.001, FAC) Page 1 of 4

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Permit Application Number

