



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

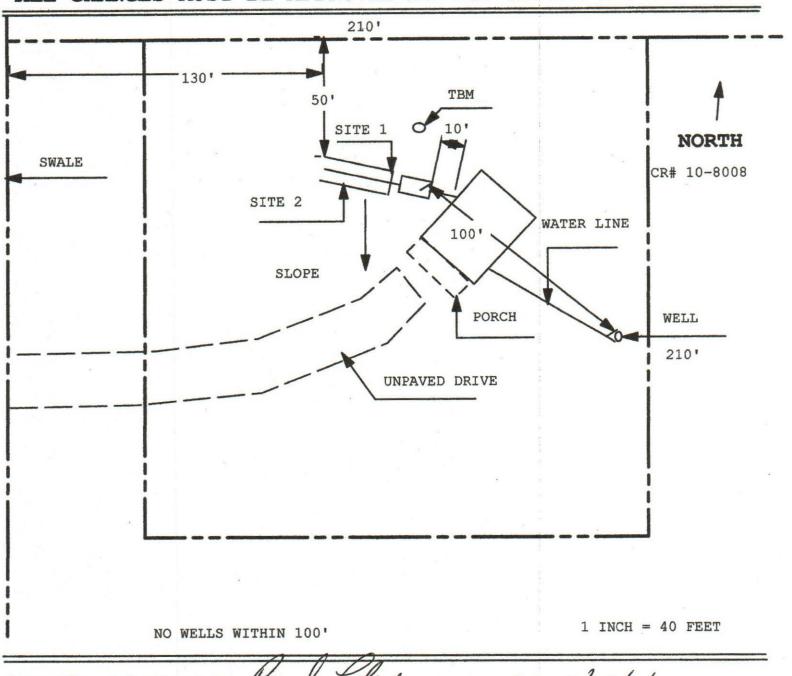
PPLICATION FOR CONSTRUCTION PERMIT

CR # 10-8008
PERMIT NO 210 445
DATE PAID: 5114
FEE PAID: 31000
RECEIPT #: 14/2

APPLICATION FOR: [X] New System [[] Repair [Existing Sys			[] Innov	ative
APPLICANT: TAYLOR ROPE	R				
AGENT: K&H FRAMING			193	LEPHONE: (586) 8	67-0156
MAILING ADDRESS: 1534 SV	V KEKLE RD 167	SE comut	Ch LAKE CI	TY FL	32024
TO BE COMPLETED BY APPL BY A PERSON LICENSED PU APPLICANT'S RESPONSIBIL PLATTED (MM/DD/YY) IF R	RSUANT TO 489.10 ITY TO PROVIDE D	5(3)(m) OR 4 OCUMENTATION	89.552, FLORIDA OF THE DATE TH	A STATUTES. I	T IS THE ATED OR
PROPERTY INFORMATION					
LOT: 35 BLOCK: N	A SUBDIVISION	: HAWKS RIDO	SE URC	PLATTE	D:
PROPERTY SIZE: 10.880 AVAILABLE AS PROPERTY ADDRESS: 353 SEDIRECTIONS TO PROPERTY:	ER 381.0065, FS?	[NO]	DIST	ANCE TO SEWER:	N/A FT
	a				99
BUILDING INFORMATION Unit Type of No. Establishment		Building (Commercial/Insti		
1 HOUSE	2	1,128	70	ne X-shade	ed
2		1110			
3					
4	Andrewson and the Angelow State of the State				
1 71 /- /- /-					
[] Floor/Equipment D	rains [] Other	(Specify)		DATE: 3//	21

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan	Plan Submitted By Com Kapproved		Date	Date 2/	18/21	
Ву	Kell Regg		Columbia		CPHU	
Notes	3:					