

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

PERMIT NO.	32-	0	134
DATE PAID:	2	111	21
FEE PAID:	10	D	00
RECEIPT #:	160	99	276

APPLICATION	FOR CONSTRUCTI	ON PERMIT	-	1	60,00
APPLICATION FOR: [] New System [] [] Repair []	Existing System Abandonment	[] Hold	ing Tank [orary	y 1 Swid	nming Poo
APPLICANT: FONSat Ta	Wanna Bri	lant			
AGENT: Chad Cunning ho	un- Peeler Po	ols of North	n Florida	HONE 386)755-28
MAILING ADDRESS: 8390	swold wi	re Rd :	Ft. Whit	e, FI	32038
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.105(3) (m TO PROVIDE DOCUMEN	OR 489.552, TATION OF THE	FLORIDA STA	TUTES. I	T IS THE ATED OR
PROPERTY INFORMATION			and uses upon their acceptable their steel of the steel o	m aglain spinin shaki salah telah minin mpilah ajaka minin	the resid was their hour tides white sight dates and when
LOT: BLOCK:	SUBDIVISION:			PLATTE	D:
PROPERTY ID #: 20-45-1	6-03077-010	ZONING:	I/M OR E	QUIVALENT:	[Y/N]
PROPERTY SIZE: 6.15 ACRES	WATER SUPPLY: [V	PRIVATE P	UBLIC []<=	=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 3	81.0065, FS? [Y /	N]	DISTANCE	TO SEWER:	FT
PROPERTY ADDRESS: 4910	Birley Ave	. Lake	City FI	3202	14
DIRECTIONS TO PROPERTY:					
(R) on 242 =	BonB	irley A	VP7 C	2DDru	x 1/2
mile.					
BUILDING INFORMATION	[N RESIDENTIA	r []	COMMERCIAL		
Unit Type of No Establishment	No. of Build Bedrooms Area				tem Design
1 Paal	$\Lambda / /_{\Lambda}$				
2	10/1	OJ	RIGINAL ATT	ACHED	
3				-	
4		-			
[] Floor/Equipment Drain	s [] Other (Sp	pecify)			
SIGNATURE:	yn		DAT	TE: /-	21-21
	//				

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 0/33

++		TT	1	1010	et and	1 1		0	icci.	1	T				T	T	T	T	T		T	_
						_				_	-		5		-	-	-	+	-	1	_	_
1											1	31.	')									
11											1											
++	_		+	\vdash	-	+-	-	-	-	+	-				-	+	-	-	+	++	_	_
						A										_				11		_
						11					1											
+	_	+				+			1							1				1		
++	_	-			-	٠, ا	-	-	-	-	-				-	+	+	-	-	++	+	-
					1			5														_
							1	,									45	. 34				
11	_		_			T	1	1			_				7							
++	_	Last	+	\vdash	-	+-	-	-	1	10	1				+	+	+	-	+	+++	_	_
		100	-						Ch	100	2				-	*	wel	1		4		
		1.	11			1			1	+	-		61	3.3	0							
1	_	1	1/			T	1 9	3.8					-									
+			1	X		1	\vdash	-	-	10	1-		_		-	-	-	+	-	+	-	_
			0	1		3		Ho	use	2	1	1-										
						w				7	1											
++			1					63.	21	1	1					1	1	1				
++		-	+-	-	+	-	-	03.	-	+	1	_			+	-	-	-	-	+	-	-
								-1	1													_
								1														
	1		1	\Box											1	1		1				_
-	-		+	\vdash	_	+	100	+	-	+.	1				+	-	+	+	+-	+	-	-
							104				1											-
											3											
1	_	++	_			1		1		1	13				\top	1	\top	+	+	+		-
-			-			-		1	_	-	Z				_	-	-	+	_	1	_	_
											19											
							100				Driveway											

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT