

## STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL

DATE PAID:

RECEIPT #:

FEE PAID:

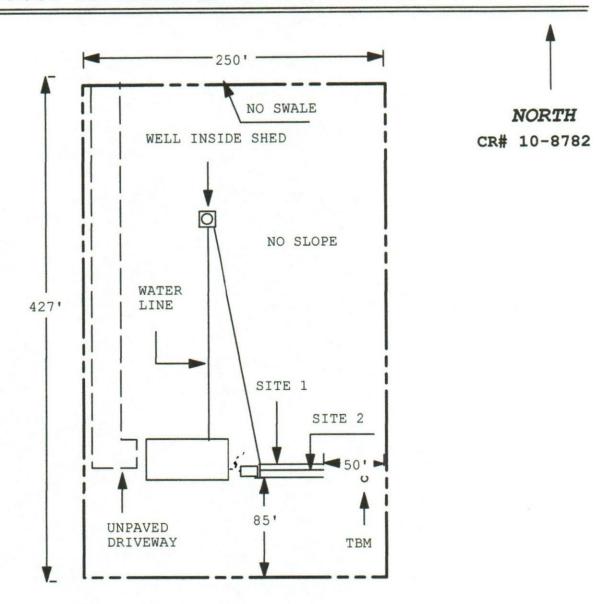
SYSTEM

Incorporated 64E-6.001, FAC

APPLICATION FOR:  [X] New System [ ] Repair [	ON FOR CONSTRU			k [ ]	Innovat	ive
APPLICANT: ETHEL SWILLEY	& STEVEN SCHWAR	RTZ				
AGENT: PAUL LLOYD			т	ELEPHONE:	(386) 269	-2087
MAILING ADDRESS: 3645 SW	PINEMOUNT ROAD		LAKE	ITY	FL	32024
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	RSUANT TO 489.105	(3) (m) OR CUMENTATIO	489.552, FLORII	THE LOT W	AS CREAT	ED OR
PROPERTY INFORMATION						
LOT: N/A BLOCK: N/A	A SUBDIVISION	METES AN	D BOUNDS		PLATTED:	
PROPERTY ID #: 07-48-16-0	2806-003	ZONIN	G: RES I/M	OR EQUIV	ALENT:	[ NO ]
PROPERTY SIZE: 2.450 AC						
IS SEWER AVAILABLE AS PI						
IS SEWER AVAILABLE AS PROPERTY ADDRESS: 3645 S			213	Imica io	Danai.	10/4
DIRECTIONS TO PROPERTY:		RN LEFT ON	PINEMOUNT ROA	D. SITE ON	LEFT AFT	TER
BUILDING INFORMATION	[X] RESIDENTIAL	[ ] CON	MERCIAL			
Unit Type of No. Establishment		Building Area Sqft	Commercial/Ins Table 1, Chapt	titutiona er 64E-6,	1 System FAC	Design
1 MOBILE HOME	4	16/2				
3			Administration of the second production of the second control of t			
4						
[ ] Floor/Equipment D	My			DATE:	4/(3/	2
DH 4015, 08/09 (Obsole Incorporated 64E-6,001		tions whi	on may not be	ised)	Pa	ge 1 of

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



NO WELLS WITHIN 100'

1 INCH = 80 FEET

Site Plan Sub Plan Approved	mitted By Course		ite 4/7/22
Ву	200- 10 e	-A Pirecto	СРНИ
Notes:	elli 4000	4.2	10.22