Reused 10-21-19 Robert Mennelle



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

FEE PAID: RECEIPT #: /LL/M/	4-5769
DECETOM H. T. I I	Cal det
RECEIPT #: 144 1945)	1449951

APPLICATION FOR	R CONSTRUCTION P	ERMIT	74195)
APPLICATION FOR: [] New System [√] Exis [] Repair [] Abance	ting System [donment [Holding Tank Temporary	[] Innovative
APPLICANT: Burmeister, Jessica	V-10-3-3-		
AGENT: Robert Minnella		TELI	EPHONE: 352-472-6010
MAILING ADDRESS: 25743 SW 22 Pl. Ne	wberry, Fl. 32669		Fax 352-472-0104
TO BE COMPLETED BY APPLICANT OR BY A PERSON LICENSED PURSUANT TO APPLICANT'S RESPONSIBILITY TO P PLATTED (MM/DD/YY) IF REQUESTING	APPLICANT'S AUTHOR O 489.105(3)(m) OR ROVIDE DOCUMENTATIO G CONSIDERATION OF	489.552, FLORIDA S N OF THE DATE THE STATUTORY GRANDFAT	STATUTES. IT IS THE LOT WAS CREATED OR THER PROVISIONS.
PROPERTY INFORMATION		494	
LOT: 41 BLOCK: SUB	DIVISION: Sassafras Ac	eres	PLATTED: 3 9/74
PROPERTY ID #: 30-07-17-10068-041	ZONING	G: <u>Pes</u> I/M OR	EQUIVALENT: [No]
PROPERTY SIZE: 3.4 ACRES WAY	TER SUPPLY: [\sqrt{]} PR	IVATE PUBLIC []	<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0	065, F8? [No]	DISTAN	CE TO SEWER:FT
PROPERTY ADDRESS: 351 SW Racoon W	ay Ft. White, Fl. 32038	***	
DIRECTIONS TO PROPERTY: 441 south	to SW CR 778TL. Go to C	C-138TR. Go 1/2 mile to	SW Racoon WayTR.
Property is on the right just before the curve to	left. Orange Flag at drivew	ay.	
BUILDING INFORMATION [✓] RESIDENTIAL	[] COMMERCIA	Y.
	o. of Building	Commercial/Instit Table 1, Chapter	utional System Design 64E-6, FAC
1 DW Mobile Home	1525	3 People	****
2		ORIGIN	IAL ATTACHED
3 SW Mobile Home 2	832	Previously sized for 4 be	droom. See HD Sheet
4			
[] Floor/Equipment Drains [Other (Specify	7)	
SIGNATURE: Robert Minnella	Digstally request by Riche it Mannella DN considers I Mannella, o, occ. emails confinela ghadhauch na Date: 2015 07.17 15-19 15-05 10	rens E	DATE: 10-11-19

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 19-8763 Scale: Each block represents 10 feet and 1 Inch = 40 feet. Notes: Removing existing Buildings and replacing with this new building Site Plan submitted by: Jan ife Miller TITLE DWILL DATE: 10-9-19 Plan Approved Not Approved___ Date 6/18/19

CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

___ County Health Department