



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-0206
DATE PAID: 3/2/21
FEE PAID: 60.00
RECEIPT #: 1634728

APPLICATION FOR:

[] New System [Y] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Albert Dunlap

AGENT: _____ TELEPHONE: 570 656 4909

MAILING ADDRESS: 128 Ascender Lakecity Fl 32024

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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 12-45-15-06346-607 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.12 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 520 ^{SW} Jesus Ave Lakecity 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>House on site</u>	<u>2</u>	<u>1100</u>	<u>No original - Built 1990</u>
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

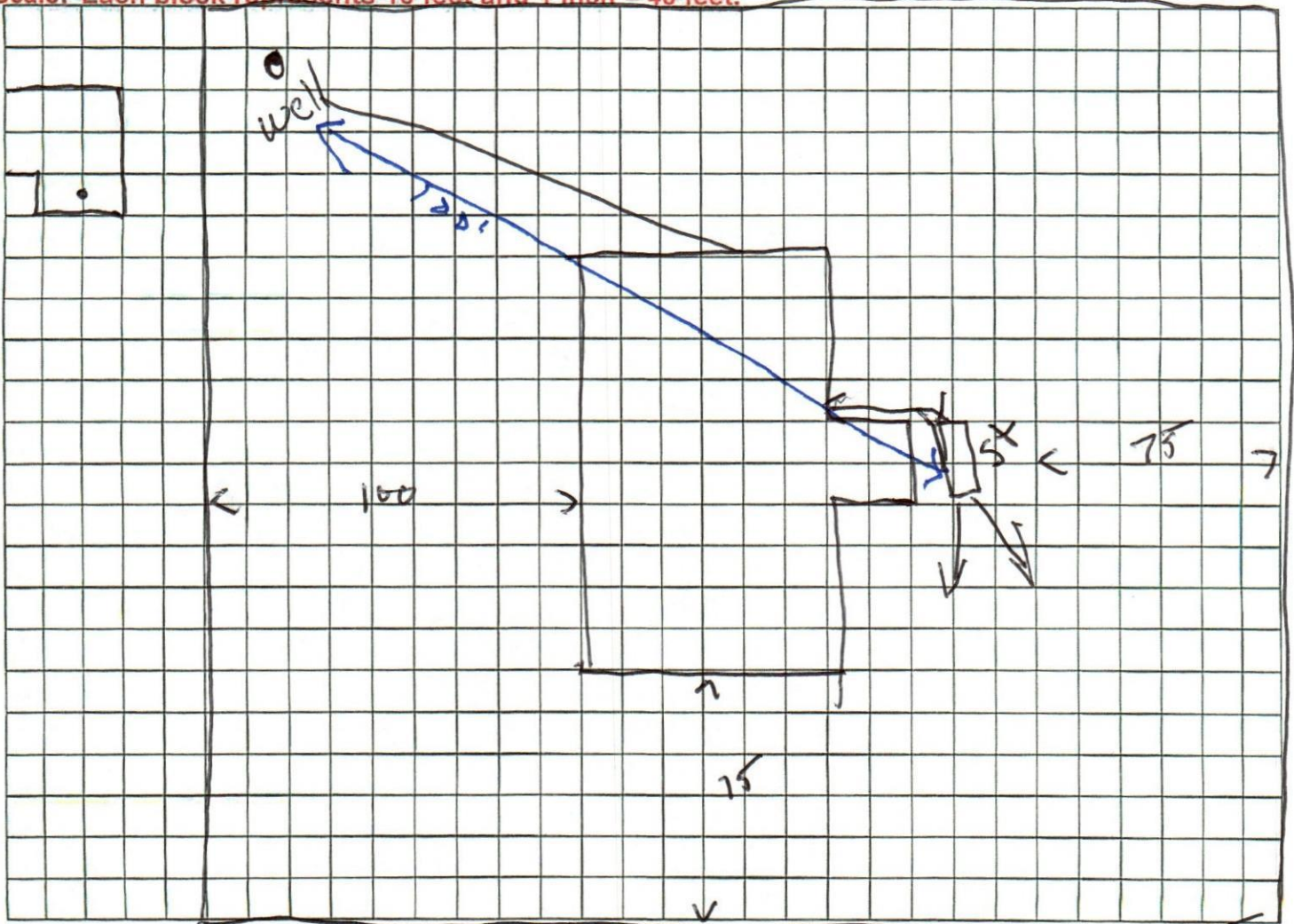
SIGNATURE: Albert Dunlap DATE: 3-2-21

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Permit Application Number 2L-0206

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Albert Dandy TITLE Owner DATE: _____

Plan Approved X Not Approved _____ Date 3/3/21

By [Signature] Cohada County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT