

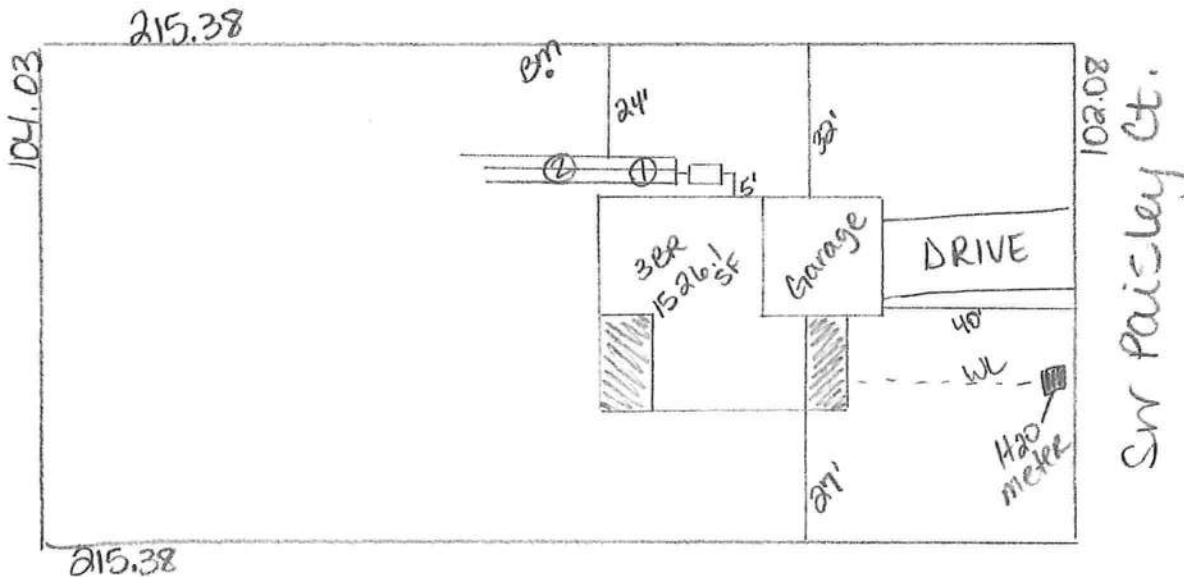
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

*Lisa's Land LLC - Lot 32*

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: *William D. Bishop II*

MASTER CONTRACTOR

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date *2-23-21*

By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**