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

PERMIT NO.	20-	07	48
DATE PAID:	9	1he	20
FEE PAID:	40	5.	10
RECEIPT #:	15	78	473

APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: STEVEN & AMY ROWLEY
AGENT: LERNER LUXUPY PROPERTIES TELEPHONE: 352-514-8000
MAILING ADDRESS: 292 HERNITAGE GLEN, HIGH SPANGS \$ 32643
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 #: $10092-005$ ZONING: SFD I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 8 ACRES WATER SUPPLY: [1] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [YN] DISTANCE TO SEWER:FT PROPERTY ADDRESS: #/0042-005302 Sw Chirchilla C/W 3464
DIRECTIONS TO PROPERTY: 441 5 toward High Springs. Turn At
@ ACIE JAMES RD. TURN UP @ LERNER SIGN. GO Straight.
TURN 46 CORNER SIGN. FOCCOS TO END
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 NEW HOME 1 1308
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 9/15/20

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

STATE OF FLORIDA DEPARTMENT OF HEALTH

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Permit Application Number 20-0748

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