

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

PERMIT NO.	20-0754
DATE PAID:	9/16/20
FEE PAID:	Le10.00
RECEIPT #:	1578720

[ ]	CATION FOR: New System Repair	[ √ ] E [ ] A	xisting Syst bandonment	em [	1	Holding Tank Temporary	]	]	Innovative
APPLI	CANT: Brent Strickl	and					-		
AGENT	: Dale Burd / Dale B	ard LLC				TE	LEPHO	ONE :	386-365-7674
MAILI	NG ADDRESS: 206	19 County I	Road 137, Lake Ci	ty, FL, 32024					
BY A APPLI PLATI	PERSON LICENSED CANT'S RESPONSI ED (MM/DD/YY) I	PURSUAN BILITY T F REQUES	T TO 489.105 O PROVIDE DO TING CONSIDE	(3) (m) OR CUMENTATION OF	489 N OI STA	.552, FLORIDA THE DATE THE TUTORY GRANDFA	STAT	UTE.	S CREATED OR
PROPE	RTY INFORMATION		Strickle	and the	w	tale MHP			
								_ P	LATTED: NA
PROPE	RTY ID #: 28-4S-	17-08815-0	00	ZONING	G: ]	NA I/M O	R EQ	UIVA	LENT: [ No ]
PROPE	RTY SIZE: 1.75	ACRES	WATER SUPPL	Y: [ ] PR	IVA:	TE PUBLIC [	]<=2	2000	GPD [ ]>2000GPD
							NCE	TO S	SEWER: naFT
	RTY ADDRESS: 17								
DIREC	TIONS TO PROPER	TY: US 4	41 South, TR CR	242 A, 350 feet	on le	eft, to lot 6			
BUILD	ING INFORMATION		[√] RESID	ENTIAL		[ ] COMMERCI	AL		
	Type of Establishment			Building	Cor		tuti		l System Design FAC
1	SF Residential / MH		2	784	SW	MH for SW MH			=
2	7-				-				
3									
4									
[ ]	Floor/Equipmen	t Drains	[ ] Othe						
SIGNA	TURE :			>	-		DATE	E: 9	/15/2020

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 ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number --- PART II - SITEPLAN ------Scale: 1 inch = 40 feet. Planske Athelias Notes:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved

Site Plan submitted/by

Plan Approved

CONTRACTOR

County Health Department

Date

20054 SW COUNTY ROAD 242A 28-45-17-08815-000 SHAICKLAND SHOOK TROUT 3 13.3th 0 1560 tor-