

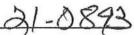
STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

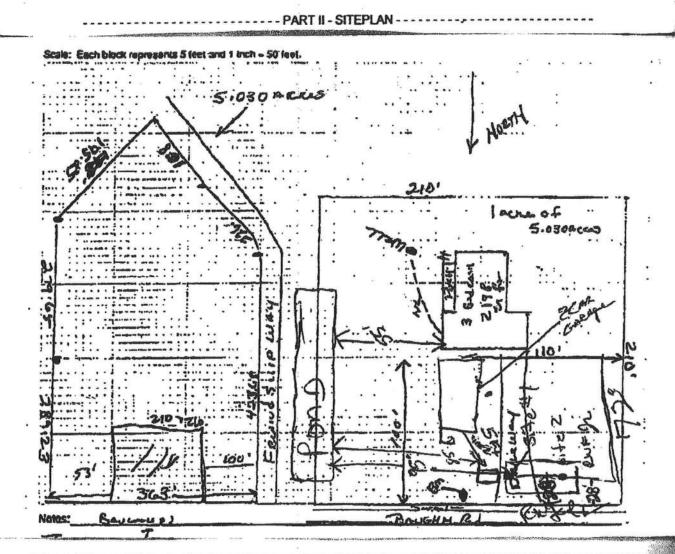
PERMIT NO.	21-0893
DATE PAID:	10/36/21
FEE PAID:	40.00
RECEIPT #:	1210024

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
AGENT:
MAILING ADDRESS: 415 NW Friendship Way
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: SIA BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 28-25-16-01772012 ZONING: I/M OR EQUIVALENT: [Y N)
PROPERTY SIZE: 3, ACRES WATER SUPPLY: [\(\sqrt{1}\) PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 415 NW Flighthy Way
DIRECTIONS TO PROPERTY:
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
work shop - 1320 oringtanhol
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Yeur fren DATE: 10-26-21

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_





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

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