

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND SYSTEM

ND DISPOSAL

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

10964

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  New System [  Repair [	] Existing Syste	em [	] Hold:	ing Tank orary	]	] Inno	ovative
APPLICANT: Albert Gomez	and Leslie Carlet						
AGENT: ROCKY FORD, A & E	CONSTRUCTION			TEI	EPHON	TE: 386-	-497-2311
MAILING ADDRESS: 546 SW							
TO BE COMPLETED BY APPL BY A PERSON LICENSED PU APPLICANT'S RESPONSIBLE PLATTED (MM/DD/YY) IF R	ICANT OR APPLICAN' RSUANT TO 489.105 ITY TO PROVIDE DO EQUESTING CONSIDE	T'S AUTHOR (3) (m) OR CUMENTATION RATION OF	IZED AGE 489.552, N OF THE STATUTOR	NT. SYST FLORIDA DATE THE Y GRANDFA	STATU STATU LOT ATHER	UST BE UTES. I WAS CRE PROVISI	CONSTRUCTED IT IS THE EATED OR IONS.
PROPERTY INFORMATION							
LOT: 20 BLOCK: NA	SUB: Oaks of	f Lake Ci	cy			PLATT	ED:
PROPERTY ID #: 18-5S-1							
PROPERTY SIZE: 2.28 A	CRES WATER SUPPLY	Y: [ X PR	IVATE P	UBLIC [	]<=20	OOGPD	[ ]>2000GPD
IS SEWER AVAILABLE AS P	ER 381.0065, FS?	[ A \ [M]]		DISTA	NCE T	O SEWER	: M FT
PROPERTY ADDRESS:	SW Mandiba Dr	ive, Lake	City, I	FL			
DIRECTIONS TO PROPERTY:	Th onto	US-44)	S, 7	Lon	to	US	-41S
TR onto SW	Tustenua	gee A	R,	ROY	Vi	SY	√ <u>′</u>
Mandiba D	R.	J					
BUILDING INFORMATION	[X] RESID	ENTIAL	[ ]	COMMERCI	AL		
Unit Type of							stem Design
No Establishment	Bedrooms	Area Sqft	Table 1	, Chapter	: 64E-	6, FAC	
SF Residential	2_	2815	-				
3							•
[ ] Floor/Equipment D	rains [ ] Other	er (Specif	r)			-/	
SIGNATURE:	05				DATE	: 7/6/2	021

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number Scale: 1 inch = 40 feet. 451,90 SW Manaaba DR 100 288 28165 55 DRIVE 451.90 Site Plan submitted by: Plan Approved Not Approved County Health Department By

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT