550 182106038



STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

RECEIPT #:

APPLICATION	FOR CONST	RUCTION P	ERMIT	-	
APPLICATION FOR: [] New System [] [] Repair []	Existing Sys	tem [] Holding Tan	k []	Innovative
APPLICANT: Charles	4 Sara	Delo	ach		
AGENT: AMIRA BU	Ideres			ELEPHONE:	386-462-9071
MAILING ADDRESS: Po Bo	0x 639	ALACHUM	1, FC 326	16	
TO BE COMPLETED BY APPLICATE BY A PERSON LICENSED PURSU APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUI	TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552, FLORIDA N OF THE DATE T	A STATUTES HE LOT WAS	CREATED OR
PROPERTY INFORMATION					-
LOT: BLOCK:	SUBDIVISION	T:		PI	ATTED:
PROPERTY ID #: 08-75-	17-09954	1-006 zonin	s: Res I/M	OR EQUIVAL	LENT: [Y/N)
PROPERTY SIZE: 13.33 ACRE	S WATER SUPE	LY: [] PR	IVATS PUBLIC []<=2000G	PD []>2000GPD
IS SEWER AVAILABLE AS PER	381.0065, FS?	[Y/D]	DIST	PANCE TO SI	EWER: U/A FT
PROPERTY ADDRESS: 150	SW CR	778	FORT WH	انو	
ON RIGHT			West Appr	0×3 m	165, Property
BUILDING INFORMATION	[] RESI	DENTIAL	[] COMMER	CIAL	
Unit Type of No Establishment	No. of Bedrooms		Commercial/Ins Table 1, Chapt		System Design
1 Res	3	2416			*
2					
3					Manufacture of the Property of the Party of
4					
[] Floor/Equipment Drai	ns [] Ot	her (Specify	Z)		
SIGNATURE:				DATE: 7	-1-2021

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0587

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

