550 075 107 628



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

PERMIT NO.	21-0249
DATE PAID:	3-11-21
FEE PAID:	435.001
RECEIPT #:	1638352

APPLICATION FOR:  [ ] New System [ ] [ ] Repair [ ]			-	[ ] Innovative
APPLICANT: A ( best F			1 Temporary	
				20- 20- 20/0
AGENT: HUKA SOTT	ers .		TE	LEPHONE: 352 - 7048
MAILING ADDRESS:	MAXXX	E POB	0x 639 ALA	CAUA, COUNY FC 3261
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PURS APPLICANT'S RESPONSIBILIT PLATTED (MM/DD/YY) IF REC	SUANT TO 489.10 TY TO PROVIDE I	05(3)(m) OR OCUMENTATIO	489.552, FLORIDA N OF THE DATE THE	STATUTES. IT IS THE E LOT WAS CREATED OR
PROPERTY INFORMATION				
LOT: 5 BLOCK:	SUBDIVISION	N: RIVER	RISE U-	PLATTED: Plathock 8 p
PROPERTY ID #: 16-75-	17-10006-2	205 ZONING	S: RES I/M O	R EQUIVALENT: [Y/N]
PROPERTY SIZE: 5,0   ACE				
IS SEWER AVAILABLE AS PER				
PROPERTY ADDRESS: 395	MARXNIK	DRIVE	HIGH SPRING.	25
DIRECTIONS TO PROPERTY:	141 to ce 77	8 so wes	MAKE IST L	ert LOTON
LEFT				
BUILDING INFORMATION	[ ] RESI	DENTIAL	[ ] COMMERCE	IAL
Unit Type of				itutional System Design
No Establishment	Bedrooms	Area Sqft	Table 1, Chapter	r 64E-6, FAC
SFR	3	2285		
2		4-100		
3				
4	_			
[ ] Floor/Equipment Dra	ains [ ] Ot	her (Specify	n N/s	
SIGNATURE:	上			DATE: 3-15 2021

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

	-		1							ch:	-	-			$\neg$	T								
														_										
$\Box$																								
					$\Box$			+			_	$\top$		+	1							$\top$	_	1
+	_	+	+	_	$\vdash$	-		+	$\vdash$	_	+	+	_	+	+	+	-			$\dashv$	$\dashv$	+	+	+
+	_		_	_	+	-	-	+	$\vdash$	-	+	+	-	+	+	+	-	_			+	+	+	1
-			_	_		_	_	-			-	+	_	+	+	-	-	_		-	-	-	+	-
								_			_	_	_		_	_								
										1														
										1	4			/	1	1,1	1				/	/		1
++			_	+	+			1		1	0	1			4.		+	/	1	1			#	1
++	_	+	+	+	+		-	+			-		7	-	1	-		-	2	1	1	4	+	+
-	_	-	_		+		-	+		-	+	+	+	+	+	+	-			_	-	_	1	-
1	_	$\vdash$	_		$\perp$		_	_			_	_	_	_	-	_	_					_	_	_
																		-						
														1										
													1											1
												+		1	+	$\vdash$						_	+	+
1	_	1	_					+-							7	+	-			-	+	+	+	+
+	_	+	-	_	+	-	+	+	$\vdash$	-	+	-		-	-	-				-	-	+	+	+
$\vdash$	_	-	-	+	$\vdash$	-	+	+		-	-	+	-	-	+	-	-			-	_	-	+	1
es: _																								
1																								
							-																	_
Plan	subm	itted	by:	9	e	5				Ag	ent:		0	wne	r:	_		Da	te:					
Арр	roved	V		1		/	1	1	Not A	ppro	ove								D	ate_				
			5	m		On	1					t	5	,	CC	ידור	MD	TΛ			460	lth D	onor	+-