



STATE OF FLORIDA DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	19-2,	913
DATE PAID:	121/6/	19
FEE PAID:	1857	<b>1</b> 23
RECEIPT #:	14500	214
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APPLICATION FOR:  [ ] New System [ X ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]  APPLICANT: Boxoo Gonzalez
AGENT: Jody Stephenson "Stephensons Septic" TELEPHONE: 352-542-5079 MAILING ADDRESS: 13023 NE Hwy 349 Old Town, FL 32680
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: 5 BLOCK: D SUBDIVISION: Timuqua PLATTED: 178
PROPERTY ID #: 01-75-16-04104-135 ZONING: I/M OR EQUIVALENT: [ Y / 60]
PROPERTY SIZE: 5.06 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / 🕲 ] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 401 Hawk Ln. Ft. White, FL. 32038
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BUILDING INFORMATION [ k ] RESIDENTIAL [ ] COMMERCIAL Unit Type of No. of Building Commercial/Institutional System Design
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
2 SFR 2 1130
3 SFR 4 2140
4
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 12-10-19
DH 4015, 08/89 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 4-0913

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