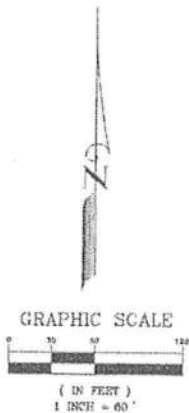


58

POZ



- UNPLATTED -

- UNPLATED -

I hereby certify that this plat accurately represents a survey of the lands shown and described hereon, and meets or exceeds the Minimum Standard Requirements of Chapter 5J-17 Florida Administrative Code pursuant to Chapter, 472.

9-11-20
Date
Darrell Copeland
Professional Land Surveyor
Florida Certificate #4529

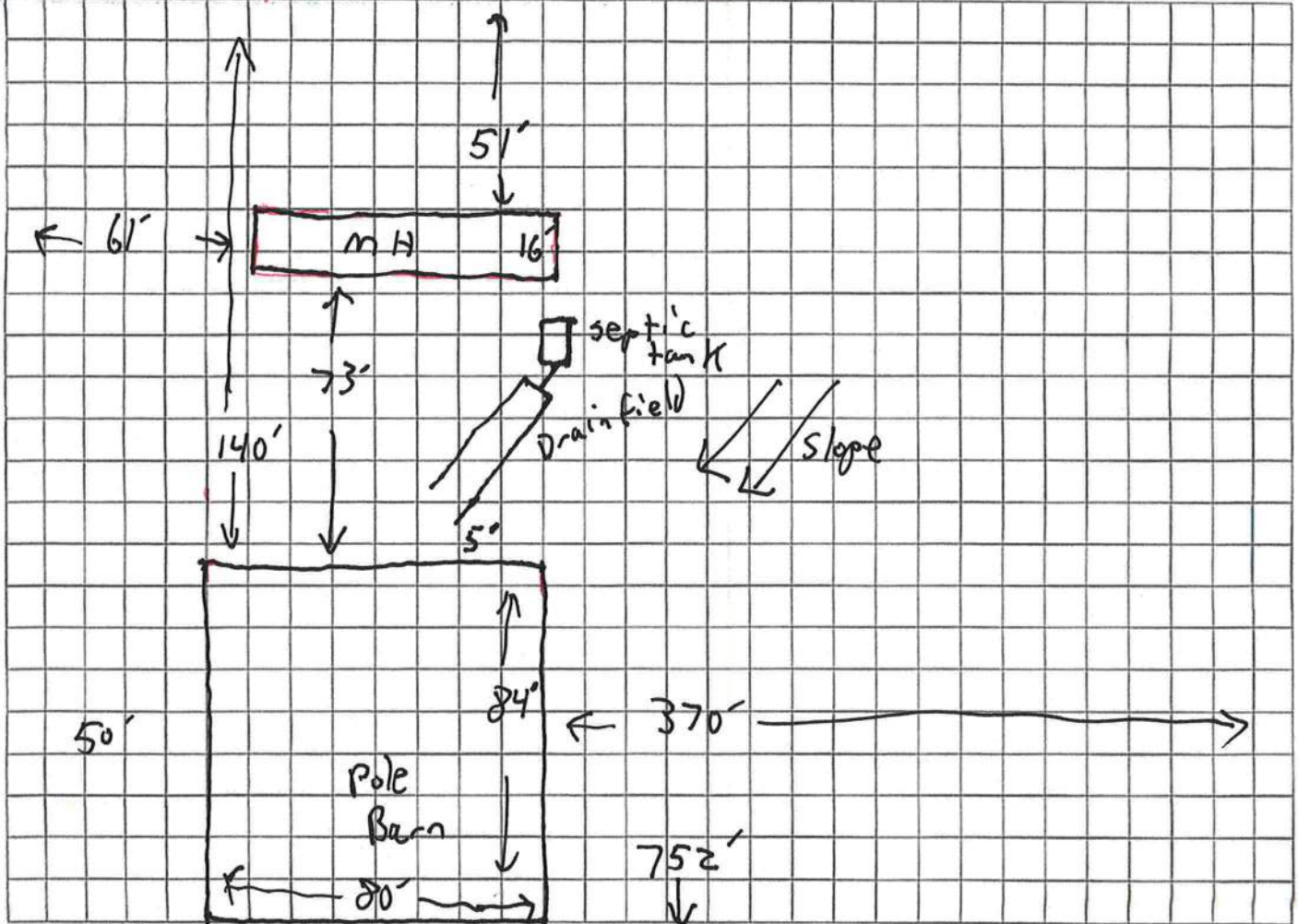
2) This survey was performed without the benefit of a "Title Search".

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____ TITLE _____ DATE: _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT