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

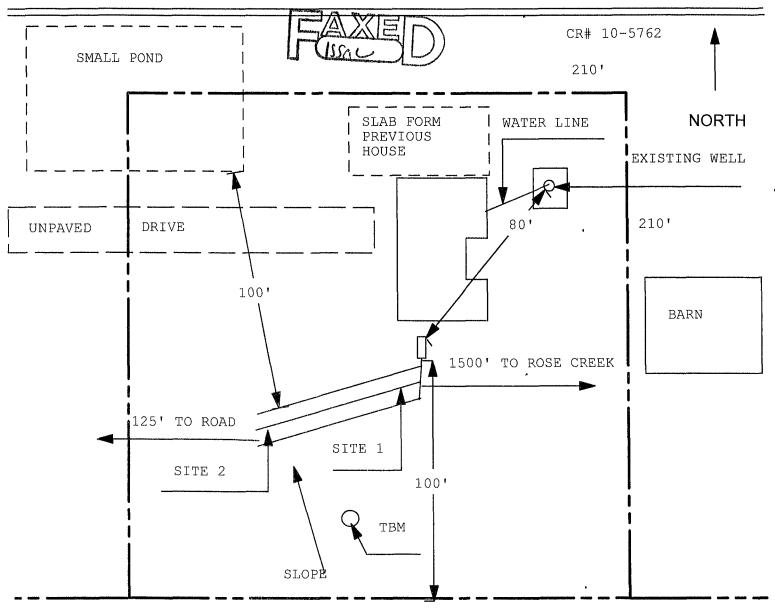
CR#	10-5762
PERMIT NO.	JE04-E1
DATE PAID:	AMA
FEE PAID:	318. JX
RECEIPT #:	112,908;

700 WE	SYST APPL		FOR CONSTR	RUCTION PE	RMIT			12083
	ION FOR: w System pair		Existing Sys Abandonment] Holding :	Tank []		tive
APPLICAN'	: JOEL D.	BECKER						
AGENT: P	REMIER BUIL	DING				TELEPHON	E: <u>(386) 36</u> 5	5-0985
MAILING	ADDRESS: 4	26 SW CON	MMERCE DR. SIL	JT 130-L	LAP	KE CITY	FL	32024
BY A PER APPLICAN	SON LICENS T'S RESPON	ED PURSUA SIBILITY	TOR APPLICA INT TO 489.10 TO PROVIDE D STING CONSID	5(3)(m) OR OCUMENTATIO	489.552, FLO	ORIDA STATO	UTES. IT WAS CREA	IS THE TED OR
PROPERTY	INFORMATI	on						
LOT: N	A BLOCK	: <u>N/A</u>	SUBDIVISION	: METES AN	D BOUNDS		PLATTED	:
PROPERTY	ID #: <u>02-5</u>	S-16-03444	1-004	ZONIN	G: AG I	:/M OR EQU:	IVALENT:	[NO]
PROPERTY	SIZE: 13.	470 ACRES	WATER SUPP	LY: [X] PR	IVATE PUBL	IC []<=20	000GPD []>2000GPD
IS SEWER	AVAILABLE	AS PER 3	381.0065, FS?	[NO]	I	DISTANCE T	O SEWER:	N/A FT
PROPERTY	ADDRESS:	337 ROSE	CREEK DR.					
DIRECTIO	NS TO PROP		R 47 SOUTH TUR CHOOL) TURN LI					
BUILDING	INFORMAT	ION [X]	RESIDENTIA	r [] cor	MERCIAL			
	pe of tablishment		No. of Bedrooms	Building Area Sqft	Commercial/ Table 1, Ch			m Design
¹ но	OUSE		3	4,357				
2								
3								
4								
[] Fl.c	or/Equipm	ent Drain	ns [] Othe	Specify				
SIGNATUR	E:	/ June		Marie Comment		DATE	: 12-10	2-13

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



VACANT 1 inch = 40 feet

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		/_/			
Site	Plan Submitted	By Karl	Alley	Date /2/4//3	
Plan	Approved √	Not Approved	Date	17/1/8/1/3	
				(C)(O)(C)	
Ву	1 Samuel	<u> </u>		СРНИ	
Note	s:		».		