

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

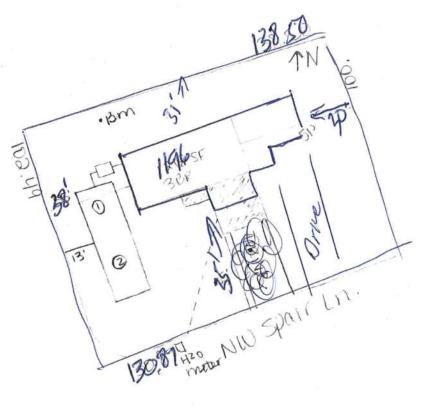
PERMIT NO.	19-	0687
DATE PAID:	9	10/19
FEE PAID:	3	10.00
RECEIPT #:	W	32424
		o tes

APPLICATION FOR: [X] New System [] Ex [] Repair [] Ab	isting System [andonment [Holding Tank Temporary	[] Innovative
APPLICANT: Janet Johnston			
AGENT: ROCKY FORD, A & B CONS	TRUCTION	TEL	EPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dorto			
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	PROVIDE DOCUMENTATIO	489.552, FLORIDA	STATUTES. IT IS THE
PROPERTY INFORMATION		***************************************	
LOT: 2 BLOCK: A S	UB: Suwannee Valley	Estates	PLATTED: 8130/37
PROPERTY ID #: 22-2S-16-0171	.6-002 ZONIN	g: Res I/M OR	R EQUIVALENT: [Y /N
PROPERTY SIZE: .625 ACRES	WATER SUPPLY: [X] PR	IVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381			
PROPERTY ADDRESS:NW S	parr Lane Lake City	FL	
DIRECTIONS TO PROPERTY: 41 No	orth Left on NW Span	r Lane 2 nd lot on	n Right
BUILDING INFORMATION	[X] RESIDENTIAL	[] COMMERCIA	AL
Unit Type of No Establishment	No. of Building Bedrooms Area Sqft	Commercial/Instit	tutional System Design 64E-6, FAC
SF Residential2	31218		
3			
[] Floor/Equipment Drains	[] Other (Specify	(1)	
SIGNATURE: Noch, D			DATE: 9/5/2019
OH 4015, 08/09 (Obsoletes prev Incorporated 64E-6.001, FAC	rious editions which	may not be used)	Page 1 of 4

STATE OF FLORIDA

DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number 9-208
J. Johnston Lot 2 Block A Scale: 1 inch = 40 feet.	PLAN
Scale: 1 inch = 40 feet.	PLAN



Notes:	92 B
Site Plan submitted by: Plan Approved Not Approved By Changes Must be Approved by The County Healt	MASTER CONTRACTOR Date 9 5 19 County Health Department H DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)