

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

PERMIT NO. 22 -0121
DATE PAID: 2 15/22
FEE PAID: 435
RECEIPT #:   \$03793

APPLICATION FOR CONSTRUCTION PERMIT	_ ,
APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ] APPLICANT: Daniel J Sweet	
AGENT: STOP NOVAN TELEPHONE: 3810 - 345	- 11
	-
MAILING ADDRESS: 213 SW Edgewood Los lake City F1 32i	125
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCT 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.	ED
PROPERTY INFORMATION	
LOT: BLOCK: SUBDIVISION: PLATTED:	
PROPERTY ID #: 28-45-17-08834-DDS zoning: I/M OR EQUIVALENT: [ Y / N	
PROPERTY SIZE: 3 TACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ 1<=2000GPD [ ]>2000G	PD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y N] DISTANCE TO SEWER:	FT
PROPERTY ADDRESS: 314 Sw HillCrest St Lake City F1 32	100 S
PROPERTY ADDRESS: 376 Sw Hillcrest St Lake Cuty F1 33 DIRECTIONS TO PROPERTY: L on US-U418 L on US-U45 R	
on Sw Hillcrest St, Lon property	
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL	-
Unit Type of No. of Building Commercial/Institutional System Desig No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC	n
1 2001 1 11-01- 2	
mobile Hurre 2 830	
3	-
4	
[ ] Floor/Equipment Drains [ ] Other (Specify)	
SIGNATURE: SOMO NORTH DATE: 2.5.2L	

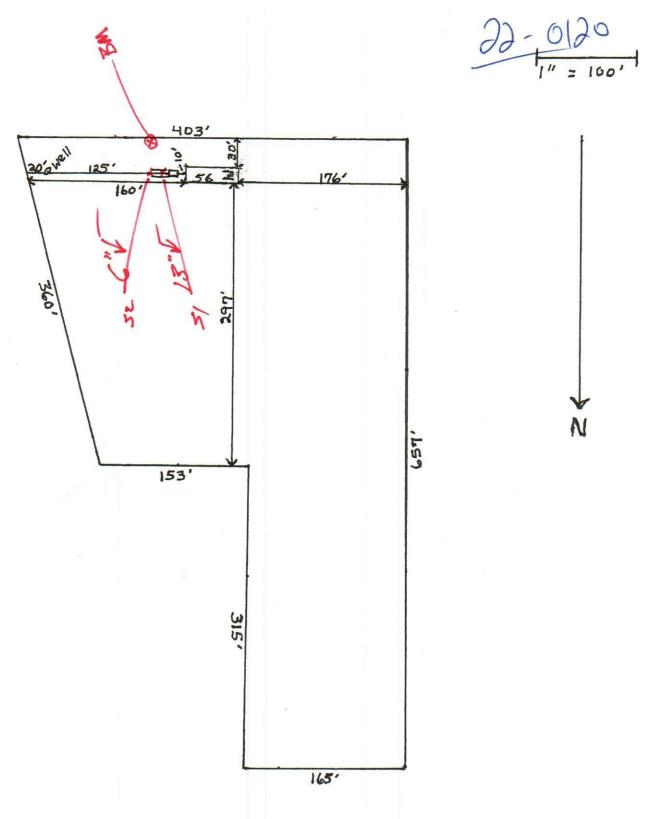
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

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

Permit Application Number

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