

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

| PERMIT NO | W- | 124 | 17 |
|-----------------------|-----|-----|-----|
| DATE PAID: | 12 | 15 | 151 |
| FEE PAID: | 310 | 2.0 | 124 |
| RECEIPT #: | 177 | 233 | 12 |
| Tribut an and Barrell | | | - |

| APPLICATION FOR CONSTRUCTION PERMIT | #: 177332 |
|--|--|
| APPLICATION FOR: [V] New System [] Existing System [] Holding Tank [] [] Repair [] Abandonment [] Temporary [] | Innovative |
| APPLICANT: DELTA OMEGA PROPERTIES INC (TRENT G) | |
| AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: | 386-755-6372 |
| MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 32055 | 360-733-0372 |
| | |
| TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS | BE CONSTRUCTED IT IS THE |
| PROPERTY INFORMATION | TOTAL TONS. |
| LOT: 30 BLOCK: P-1 SUBDIVISION: CROSSWINDS PI | ATTED: |
| PROPERTY ID #: 24-4S-16-03117-130 ZONING: I/M OR EQUIVALED PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC [] <= 2000G. IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SE | LENT: [No 🗔] |
| PROPERTY ADDRESS: 276 SW CHESTERFIELD CIR, LAKE CITY FLA | |
| DIRECTIONS TO PROPERTY: 47 South +/h av (2312 1/2 | 1 . |
| follow to Crosswinds Sab. +1L to stop Sign +1L Lot on | (2) |
| BUILDING INFORMATION [V] RESIDENTIAL [] COMMERCIAL | |
| West Will State Control of the Contr | |
| No. of Building Commercial/Institutional No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, F. | System Design AC |
| 1 HOME 3 1077 | And the state of t |
| 2 | |
| 3 | |
| 4 | |
| [] Floor/Equipment Drains [] Other (Specify) | Ben pringless on the second |
| SIGNATURE: Kobe J w Fele | |
| DATE: 12- | 22-2021 |

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

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STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

| Permit Application Num | mal-1047 | |
|------------------------|------------|---|
| TAL 21 | AVACCIAN | |
| w W1. W | Closswinds | L |

See Att.

| TOO: | * |
|---|---|
| | |
| | |
| Plan submitted by Rahant w 200 De pore 12-22-2021 | |
| Approved FS2 Columbia | Date 12/25/21 County Health Department |

all changes must be approved by the county health department

715, 08/08 (Obsoletes previous editions which may not us used) incorporated: 645-9401, FAC t Number: 6744-002-4018-0)

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