

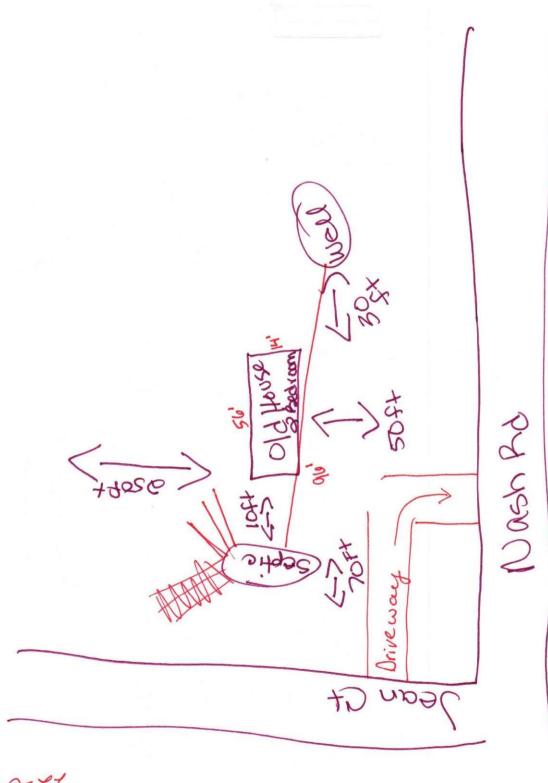
STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

PERMIT NO. 22 -DATE PAID: 12 FEE PAID: RECEIPT #: AP 19

Page 1 of 4

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Wayne H. Wash Yulorgir 1983 Gar
AGENT: ALINA GILL TELEPHONE: 386-754-88
MAILING ADDRESS: 4109 Us Hwy 90 W Lake City FL 32055
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED 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.
PROPERTY INFORMATION
LOT: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 18.35.16.02172.001 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: ACRES WATER SUPPLY: [> PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 3339 DW Mach Pod Lake City FC 32055
DIRECTIONS TO PROPERTY: Please see Attached map
w Directions
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Nanufactured 2 72800Ft
(Old mobile home is 2 bedrooms. Been gone for years)
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 12/12/22
DH 4015, 10/97 (Previous Editions May Be Used) ONLINE VERSION Page 1 of 4



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