

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

	h.0299
PERMIT NO.	000001
DATE PAID:	4.15.20
FEE PAID:	185.00
RECEIPT #:	
API	47722

APPLICATION 1	FOR CONSTRUCTION	N PERMIT	AP 147923	
f 1 weborr . f 1 Wr	xisting System	[] Holding Tan	XI Amended	
APPLICANT: VICKI HOLYE	211			
AGENT: RUBER W FORD JY	-1 1 1		TI 32/25	
MAILING ADDRESS: 1410E	State Koad I	00 Lake City	1 FT J L J L J L J L J L J L J L J L J L J	
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	T TO 489.105(3)(m) D PROVIDE DOCUMENT	OR 489.552, FLORIDATION OF THE DATE T	A STATUTES. IT IS THE THE LOT WAS CREATED OR	
PROPERTY INFORMATION	0	1-1-5-10	1 100/	
			tes platted: 1996	
PROPERTY ID #:2235-10-	08244-1032	ONING: MH I/M	OR EQUIVALENT: [Y /(N)	
PROPERTY SIZE: ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD [] >2000GPD				
PROPERTY ADDRESS:		DOB NW W	FANCE TO SEWER: NAFT	
DIRECTIONS TO PROPERTY:		PYAIR TR	FOLLOW TO	
Site on left		C17100 11C	1011010	
BUILDING INFORMATION	[X] RESIDENTIAL	[] COMMER	CIAL	
Unit Type of No Establishment	No. of Buildi Bedrooms Area S		titutional System Design er 64E-6, FAC	
1 MHome	3 145	30		
2				
3				
4				
[] Floor/Equipment Drains	[] Other (Spe	ecify)	11101000	
SIGNATURE: KOUCH W.	500 Gr		DATE: 4 3/00	

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

DEL ALTIVILIA DI TILALIA APPLICATION FOR CONSTRUCTION PERMIT Permit Application Number 20-0299 Scale: Each block represents 10 feet and 1 inch = 40 feet 1001 DrivewAd Notes: Freedom Homes Amush 4/13/2020 Site Plan submitted by Robert w tord & DATE To -23 Plan Approved Not Approved Date \

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Columbia CHD County Health Department