

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

PERMIT NO.	21	03	223
DATE PAID:	5	7	21
FEE PAID:	3	OC	00
RECEIPT #:	_		

SYSTEM APPLICATION FOR CONSTRUCTION PERMIT	RECEIPT #:
APPLICATION FOR: [] New System [] Existing System [] Holding Tan Repair [] Abandonment [] Temporary APPLICANT: SIEVEN M SHIPP	ak [] Innovative
AGENT:	TELEPHONE: 386 9848766
MAILING ADDRESS: 217 NW CARR CT. LAKE CI	17 Fl 32055
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SY BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORID APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE T PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRAND	A STATUTES. IT IS THE
PROPERTY INFORMATION	10
LOT: BLOCK: SUBDIVISION: MINI FA	
PROPERTY ID #: 17-35-16-02162-0120NING: I/M	OR EQUIVALENT: [Y / N]
PROPERTY SIZE: ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [C] / N] DIST	TANCE TO SEWER:FT
PROPERTY ADDRESS: 217 NW CALL CT. LAKE CI	Ty, Fl 32055
DIRECTIONS TO PROPERTY: LAKE JESTERY TO WASH RO	TURN R DN CARA
CT. 3 tol Drive ung on R (Temporarly British by	Fence)
BUILDING INFORMATION [X] RESIDENTIAL [] COMMER	CIAL
Unit Type of No. of Building Commercial/Ins No Establishment Bedrooms Area Sqft Table 1, Chapter	titutional System Design
Home Single from 3 1456	
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: MASS	

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 21-0293

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