

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

PERMIT NO.	20	-03	89
DATE PAID:	5	16	120
FEE PAID: RECEIPT #:	13	10	20
TECETET ".	10	00	013

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Repair [] Abandonment [] Temporary [] APPLICANT: WILLIAM CONTROL CONTROL] Innovative
AGENT: Robert W. Ford North Florida Septic Tank Inc; TELEPHON	TE: 386-755-6372
MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025	
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MBY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATU APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER	TES. IT IS THE WAS CREATED OR
PROPERTY INFORMATION LOT: 3 BLOCK: SUBDIVISION: ALEXANDICA HEIGHT	
PROPERTY ID #:35-38-17-07344-000 ZONING: I/M OR EQU	IVALENT: [Y/N]
PROPERTY SIZE: 0.43 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC []<=20	000GPD []>2000GPD
DIRECTIONS TO PROPERTY: 90 East to Price Creek t/L to	O SEWER: NA FT CITY F O NAShingtons
+/R Okinawa Rd +/L to site on D Conner and Okinawa Rd.	of Hi HAT Pd
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL	
Unit Type of No. of Building Commercial/Institution No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-	
1 Mhome A 1680	
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: Willia D. Bickop IT DATE	:5 20 2020
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC	Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT Permit Application Number 20-03

Scale: Each block represents 10 feet and 1 inch = 40 feet. 2551 Notes: Site Plan submitted by: Robert W Jand . TI- DATE Date_5/26/70 Plan Approved_ Not Approved County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT