## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number\_ ----- PART II - SITEPLAN -----180 13 PU 32 Notes: Site Plan submitted by: Plan Approved Not Approved\_ By\_ County Health Department



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

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

14-0175 M 319-5119 1740388

APPLIC	CATION FOR:				
[ ]	New System [ Repair [	] Existing Syst ] Abandonment	cem [	] Holding Tan ] Temporary	nk []/Innovative
APPLIC	EANT: Michael	Registar		,	
	Jeff Have				TELEPHONE: 352 949059
MAILIN	ig address: 6452	DNW 77 L	in ch,	lestand f	( 32626
BY A P APPLIC PLATTE	ERSON LICENSED PUR ANT'S RESPONSIBILI D (MM/DD/YY) IF RE	SUANT TO 489.105 TY TO PROVIDE DO QUESTING CONSIDE	5(3)(m) OR 4 OCUMENTATION	89.552, FLORI	YSTEMS MUST BE CONSTRUCTED DA STATUTES. IT IS THE THE LOT WAS CREATED OR DFATHER PROVISIONS.
DDODED	TY INFORMATION		طر تن کا کا کا بخد سر جد سز نب من ک	/	
LOT:	10 BLOCK: N	A subdivision	: Wood Ga	te village	2 U3 PLATTED: 1990
PROPERTY ID #: 8-14-16-07810-310 ZONING: MPS: 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					
DIRECT	IONS TO PROPERTY:	90 Wes	+ 7/2	252 B	7/R Defuty 5
Daws	s T/L PineN	omt 4/C	Birlay	, Ye a (	1/2 Defuty 5
BUILDI	NG INFORMATION	() RESI	DENTIAL	[ ] COMME	RCIAL
	Type of Establishment	No. of Bedrooms			stitutional System Design ter 64E-6, FAC
1	M 21	4	2/28	6	ODICINAL ATTACHED
2		***************************************			_ ORIGINAL ATTACHED   —
3	Replany MY	3	920	2_	
4					
[ ]	Floor/Equipment Dr	ains [ ] Oth	ner (Specify	·)	
C T CNIN TO	TIPE. All Ita				DATE: 3-21-14