

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

PERMIT NO.	210614
DATE PAID:	2 14/3/
FEE PAID:	100.00
RECEIPT #:	1697361

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APPLICATION FOR: [] New System [X] Ex [] Repair [] Ab	isting Systemandonment	<u>m</u> [] Holding] Temporar	Tank [] Innovative
APPLICANT: KRISTING	SHIN	€	,		
AGENT: TALK JO	4455			TELEPH	ONE: 352 294 OU3
MAILING ADDRESS: THE	@500-				
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	PROVIDE DOC	(3) (m) OR 4 CUMENTATION	89.552, FLO	RIDA STA	TUTES. IT IS THE T WAS CREATED OR
PROPERTY INFORMATION LOT: M BLOCK: MA	BUBDIVISION:	u)a/	Jet mus	and Ra	PLATTED: 2) A
PROPERTY ID #: 25-75-16-	-04324-0	19 ZONING	SFL	I/M OR EQ	QUIVALENT: [Y N
PROPERTY SIZE: 5 ACRES	WATER SUPPLY	Y: [] PRI	VATE PUBLI	cc []<=	2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 38	0065, FS?	[YOD]		DISTANCE	TO SEWER:FT
PROPERTY ADDRESS: 1441 5	wcri	38 F	- LHIT	ER	3.503.5
directions to property: S	1240	, won	s cr 7	78,	SON 27,
W 03 CA 138					
BUILDING INFORMATION	[X RESIDI	ENTIAL	[] CO	MERCIAL	
Unit Type of No Establishment					cional System Design E-6, FAC
POOL/SPA		1000	OR	IGINAL AT	TTACHED
3					
4					
[] Floor/Equipment Drains	[] Oth	er (Specify	r)		
SIGNATURE:				DAS	CE:



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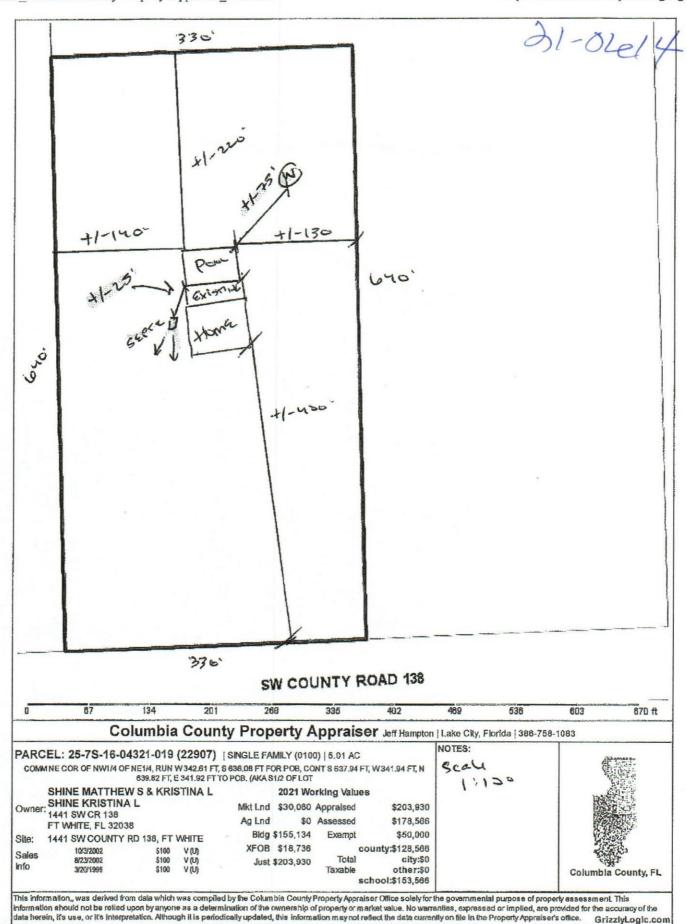
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Permit Application Number 2/-2/4

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