

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

PERMIT NO.	20-6	1427
DATE PAID:	20	1715
FEE PAID:	S	100
RECEIPT #:	1510	531

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [X]
APPLICANT: Melody Ferton + Nathen Marcola
2 0 0 000 000 000
AGENT: Raymond or Alto Book TELEPHONE: 86748
MAILING ADDRESS: 158 SW EIK NUMER Glen FORTWHITE
540
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION
LOT: 2 BLOCK: SUBDIVISION: COVERAT ROSE CROCK PLATTED:
PROPERTY ID #: 0155 1603397102 ZONING: I/M OR EQUIVALENT: [Y N]
PROPERTY SIZE: 2.5 ACRES WATER SUPPLY: [PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER: 40 FT
PROPERTY ADDRESS: 265 SW Emorywood Glen
PROPERTY ADDRESS: 265 SW Emorywood Glen DIRECTIONS TO PROPERTY: See geogle - 265 SW Emorywood 616
2 CO CONTRACTOR AND ADMINISTRATION OF THE PROPERTY OF THE PROP
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
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2
3
4 A A A A A A A A A A A A A A A A A A A
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 060320

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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-8477

		PART II - SITEPLAN	
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e Plan submitted by:	- Nuc	Not Approved Date_ Co/c	7/2
in Approved V	Lord Er		
Salli	Ind Er	V Health Orletor County Health [Departif

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT