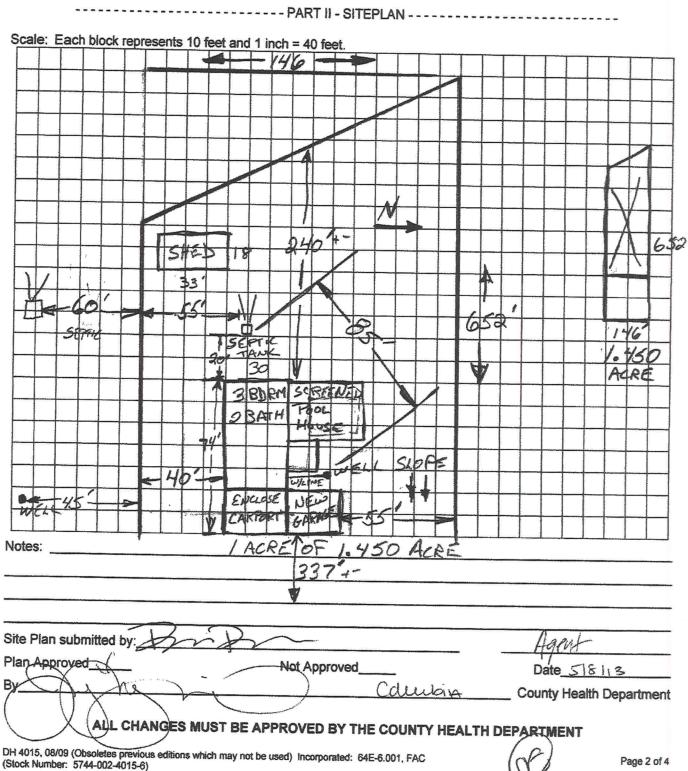
STATE OF FLORIDA **DEPARTMENT OF HEALTH** APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-2235



54



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

PERMIT NO.	13-02272
DATE PAID:	4/19/13
FEE PAID:	125.00
RECEIPT #:	1185107

APPLICATION	FOR CONSTRUCT	ION PERMIT	41-0-1-1	
APPLICATION FOR: [] New System [] [Existing System Abandonment	[] Holding T	Tank [] Innovative	
APPLICANT: Jegnette	Steedlen			
AGENT: FRKINGER C		1 GROUD	TELEPHONE: 754-6556	
MAILING ADDRESS: 272 S	W SMith 1	ane		
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES	O PROVIDE DOCUMEN	OR 489.552, FLOR	IDA STATUTES. IT IS THE	
PROPERTY INFORMATION				
LOT: BLOCK:	SUBDIVISION:		PLATTED:	
DEFINITION OF THE PROPERTY ID #: 36-45-0	3336-000	zoning: <u>Res</u>	M OR EQUIVALENT: [Y N	
PROPERTY SIZE: 15 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD				
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y N] DISTANCE TO SEWER:				
PROPERTY ADDRESS: 1125	WSMITH	Lanc		
Home is 3kd on	ry 47 St	o Smith	Lane, turn Right	
	V		444	
BUILDING INFORMATION	[X] RESIDENTIAL	[] COMME	RCIAL	
Unit Type of No Establishment	No. of Build Bedrooms Area	ing Commercial/In Sqft Table 1, Chap	stitutional System Design ter 64E-6, FAC	
2 Single Family	3 190	12 origin	NAL ATTACHED ———	
3				
4				
[] Floor/Equipment Drains	[] Other (Spe	ecify)		
SIGNATURE!			DATE: 4.19.13	
DH 4015, 08/09 (Obsoletes pres	rious oditions wh			

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC