STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

- PART II - SITEPLAN -

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: _____

_____

_____

_____

Site Plan submitted by:_____ _____

Plan Approved_____ Not Approved_____ Date_____

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT