

56070

From Gary Pitzer <bcc.gpitzer@icloud.com>

Date Fri 8/7/2026 1:44 PM

To Columbia County Building and Zoning Info <bldginfo@columbiacountyfla.com>

External Sender - From: (Gary Pitzer <bcc.gpitzer@icloud.com>)

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This form is completed by the licensed Pest Control Company

Section 24 CFR 200.926(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information is used to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the structure to be free of termites for one year. Builders, pest control companies, mortgage lenders, home buyers, and HUD as a record of treatment information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Company Name: **Aspen Pest Control, Inc.**

Company Address **P.O. Box 1795**

Company Business License No. **JB182948**

FHA/VA Case No. (if any)

City Lake City

State FL

Company Phone No. 386-755-3611

Company Name Plumb Level Construction

Phone No. _____

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 375 SW Cat
(407) 421-5534 Lake City, FL

Date(s) of Service(s) 8-5-26

Type of Construction (More than one box may be checked)

☒ Slab ☐ Basement ☐ Crawl ☐ Other

Check all that apply:

☒ A. Soil Applied Liquid Termiticide

Brand Name of Termiticide: Dominion 2L EPA Registration No. 53883-229

Approx. Dilution (%): .05 Approx. Total Gallons Mix Applied: 250 Treatment completed

☐ B. Wood Applied Liquid Termiticide

Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (91%): _____

Approx. Dilution (%):

C. Bait System Installed _____ Approx. Total Gallons Mix Applied: _____
Name of System: _____

Name of System _____

D. Physical Barrier System Installed _____ Attach installation information (required)

Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List)

Comments 2538 sf mono

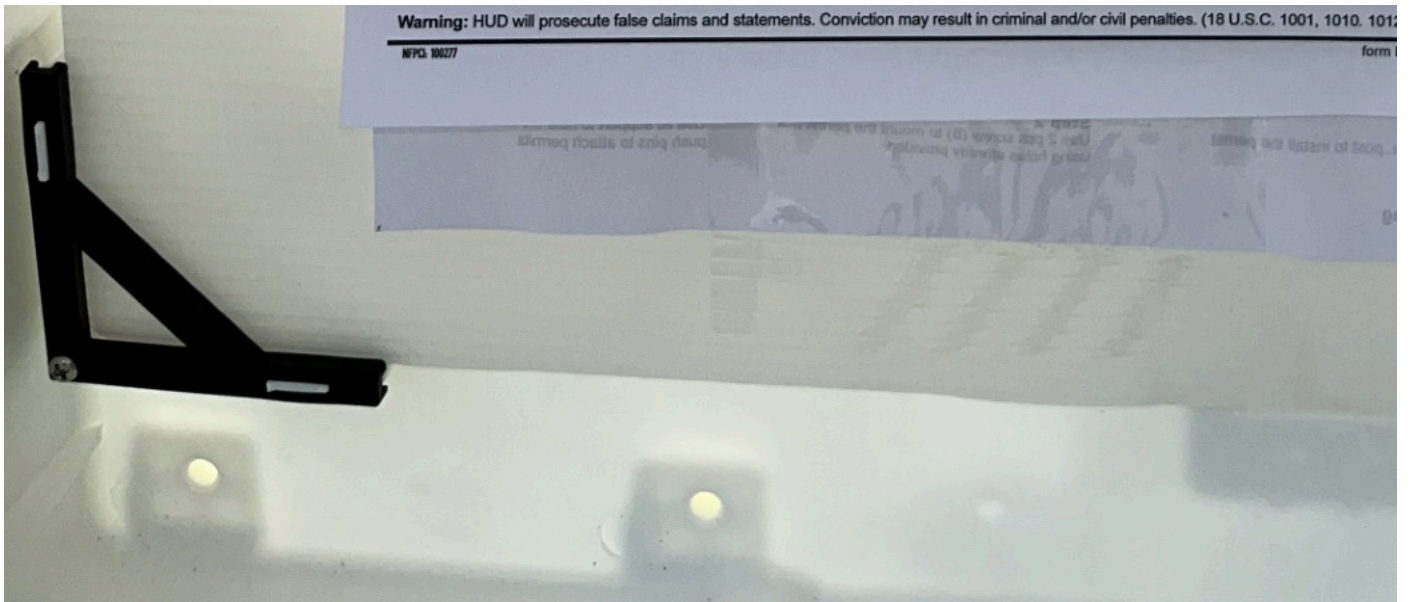
Name of Applicant(s) S. Greagory

Certification No. (if required by State law)

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used are in accordance with state and federal regulations.

Authorized Signature *[Signature]*

Date 8-5



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