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

PERMIT NO. 20-0312
DATE PAID: 4.23.20
FEE PAID: 310.00
RECEIPT #: AP14805710

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[X] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Flagpyon LLC (Freedom Homes) (Shirley)
AGENT: Robert W Ford JR NFST INC. TELEPHONE: 386 755-6372
MAILING ADDRESS: 741 SE State Rd 100 LC FLA 32025

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: — BLOCK: — SUBDIVISION: —NA— PLATTED: ____
PROPERTY ID #: 32-3S-16-02430-000 ZONING: ____ I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1.57 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / X] DISTANCE TO SEWER: ____ FT
PROPERTY ADDRESS: TBD SW Rizzo Gln Lake City, Fl
DIRECTIONS TO PROPERTY: Hwy 90 West to SW Thomas Terr. TL Follow to Rizzo Ct TL Follow to Site on Right

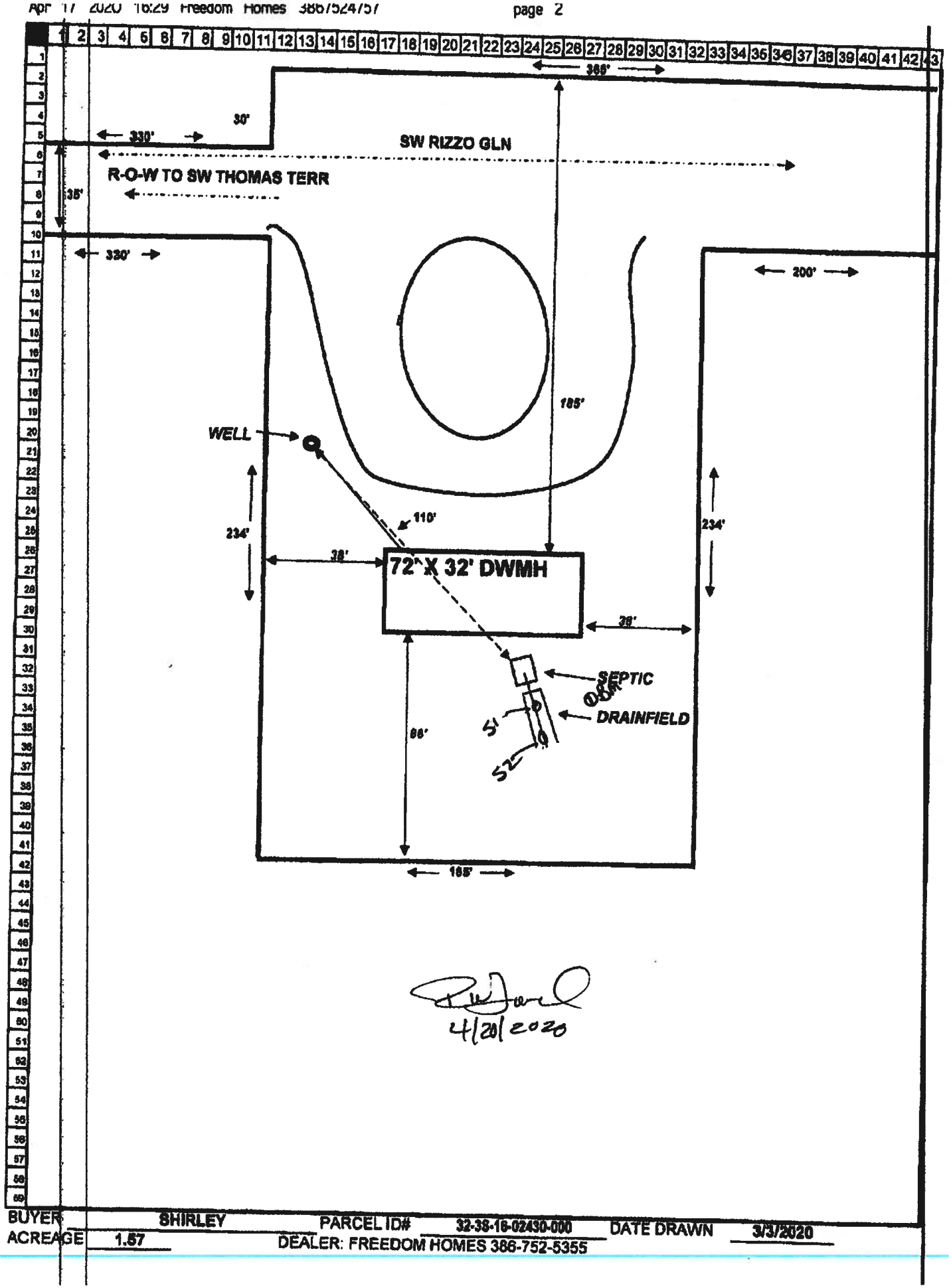
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	M. Home	5	2140	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) ____

SIGNATURE: Robert W Ford Jr DATE: 4/20/2020

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



4/20/2020

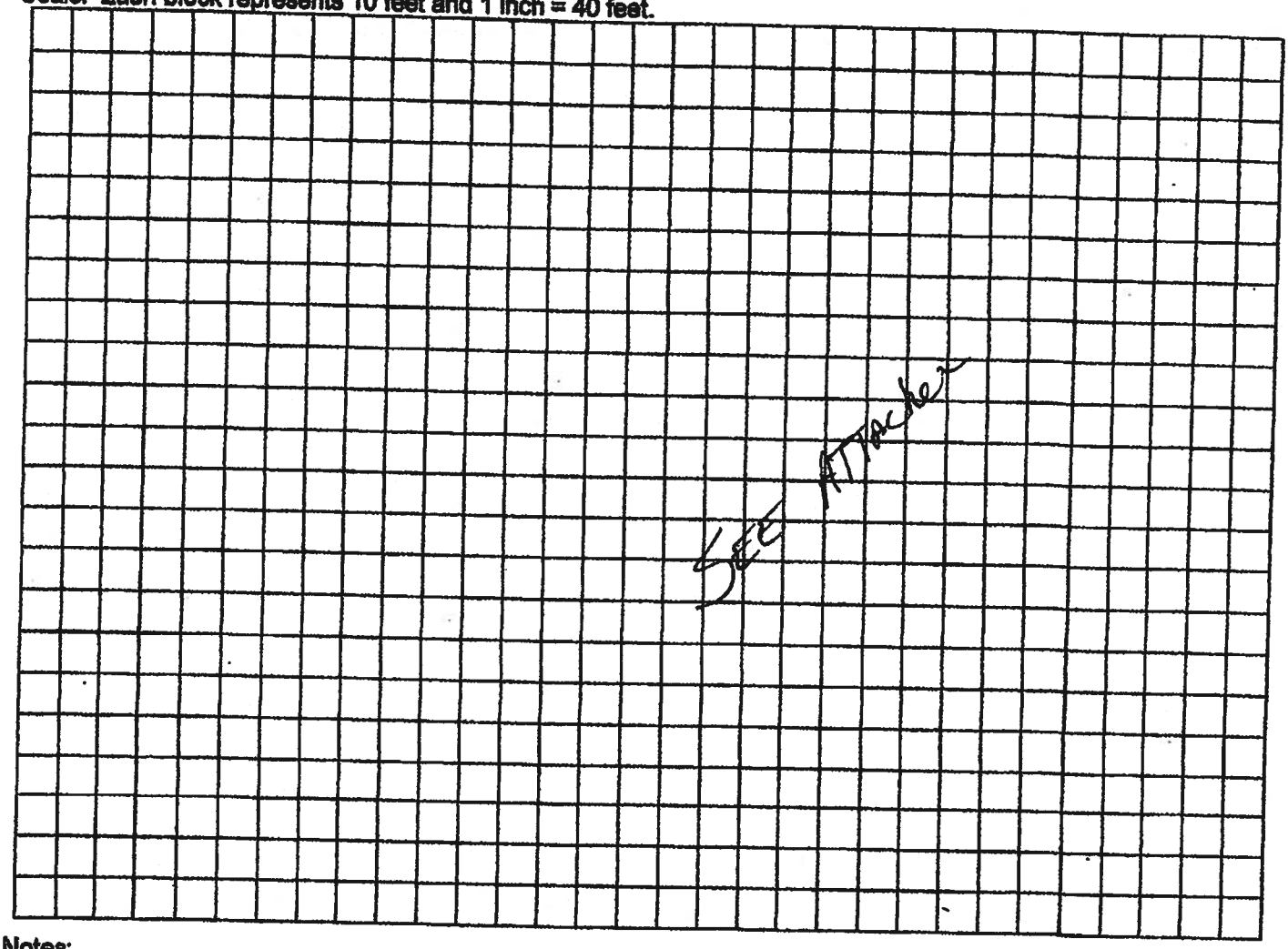
BUYER SHIRLEY PARCEL ID# 32-38-16-02430-000 DATE DRAWN 3/3/2020
ACREAGE 1.57 DEALER: FREEDOM HOMES 386-752-5355

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Robert W Ford Jr. DATE 4/10/2020

Plan Approved _____ Not Approved_____ Date 4/24/20

By _____ EH Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT