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

PERMIT NO. 14-1255R
DATE PAID: 4/30/14
FEE PAID: 185.00
RECEIPT #: 1145259

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

APPLICANT: Northern Alachua Holdings LLC (Justin Brown)
AGENT: Robert W Ford NFST INC TELEPHONE: (386) 755 6372
MAILING ADDRESS: 580 NW Guerdon Rd LC Fla 32055

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: MHB PLATTED:

PROPERTY ID #: 01-35-16-01901-005 ZONING: M/H I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 282 NW Breeze Gln

DIRECTIONS TO PROPERTY: Hwy 41 North to Falling Creek Rd TR Follow to Breeze Gln TR Follow to Property 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/H	4	32x80 (2432) H/C	
2				
3				
4				

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

SIGNATURE: Robert W Ford DATE: 4/29/14

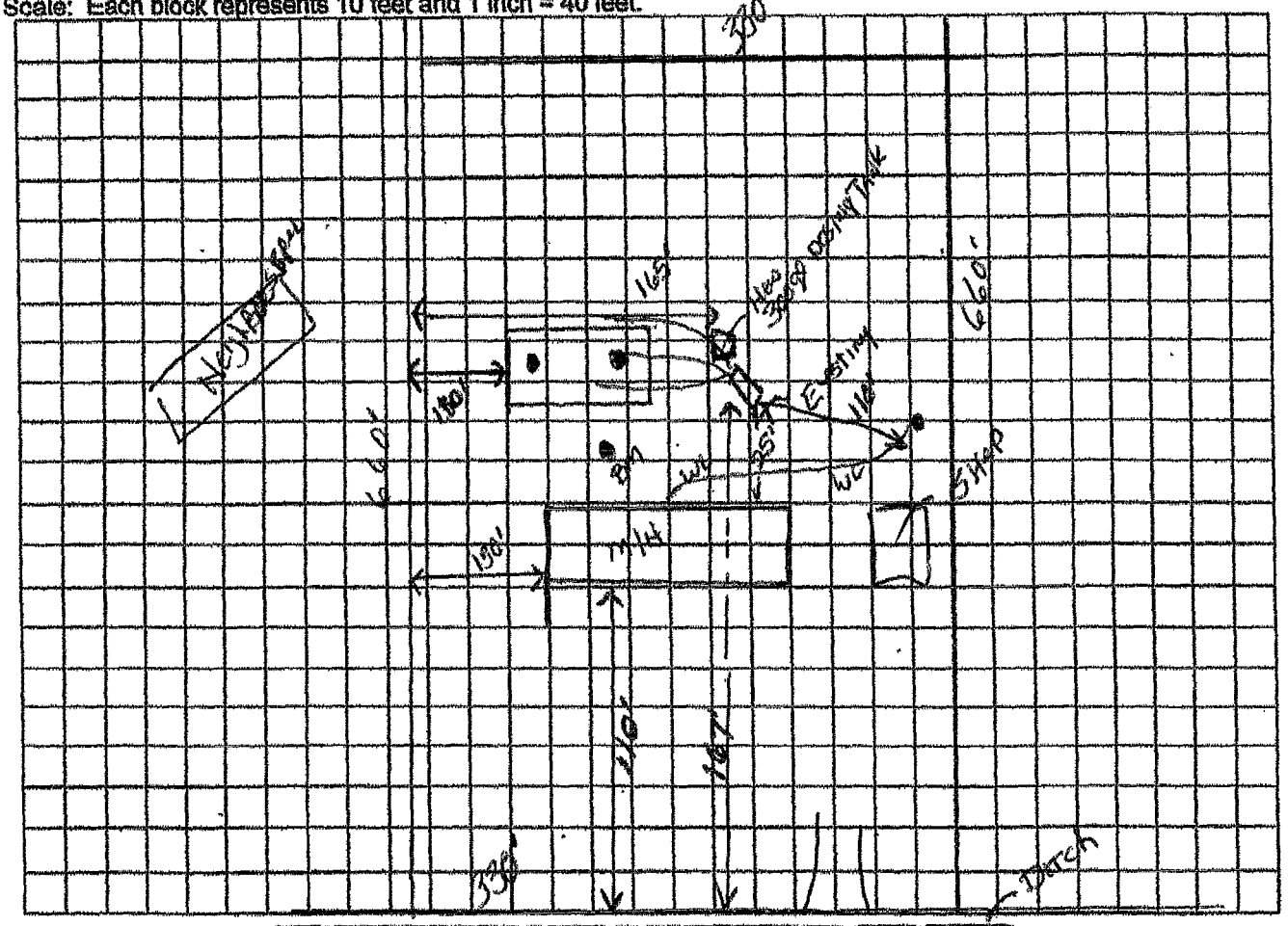
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0255R

N.A.H. (Justin Brown) PART II - SITEPLAN 01901-005

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



Notes: 282 NW Breeze Glen

NAH LLC JUSTIN BROWN

5.00 ACRES 01-33-16-01901-105

Site Plan submitted by: Robert W Todd 4-29-14

Plan Approved Y Not Approved ____ Date 5/29/14

By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT