

SIGNATURE:

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

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PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION FOR: ] Holding Tank ] New System Existing System 1 Innovative ] Temporary Abandonment ] Repair APPLICANT: TELEPHONE: AGENT: MAILING ADDRESS: SYSTEMS MUST BE CONSTRUCTED TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. 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 SUBDIVISION: 242 VII GGE 3/0 ORB 520 PLATTED: I/M OR EQUIVALENT: [ Y / N ] ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] PROPERTY ADDRESS: [X] RESIDENTIAL ] COMMERCIAL BUILDING INFORMATION Building Commercial/Institutional System Design No. of Unit Type of Area Sqft Table 1, Chapter 64E-6, FAC Establishment Bedrooms No 3 Floor/Equipment Drains ] Other (Specify)

## STATE OF FLORIDA DEPARTMENT OF HEALTH

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT