NEW PERMIT APPLICATION PROCEDURES
$350.00

1. PAGE #1 - FOLLOW DIRECTIONS PROVIDED. MUST have multi-digit parcel ID number. Can be found on tax certificate or contact your property appraiser's office. MUST have a confirmed 911 address. MUST provide accurate directions to the property.

2. PAGE #2 - SITE PLAN ATTACHMENT- Check Yes or No indicating items currently on the property or proposed to be located on the property.

3. PAGE #3 - SITE PLAN - Site plan MUST be drawn to scale. If item is currently on or proposed to be located on the property it must be drawn on the site plan. Site plan must be total size of the property. If property is larger than 5 acres only 1 acre is required to be drawn to scale. Indicate all features within 75 feet of the property boundary. Site plan example is provided.

4. PAGE #4 - FLOOR PLAN - A drawn floor plan or blueprint of residence/business is required. Floor plan MUST show outside dimensions of structure. Floor Plan example is provided.

2. A copy of a recorded deed, survey, or legal document showing the parcel ID number, legal description and ownership of the property.

3. Application must be COMPLETED IN FULL AND SIGNED ON ALL PAGES by applicant, authorized representative, or agent. ALL required fees and exhibits must be accompanied with the application before processing or a site evaluation can occur. Incomplete applications will delay processing.

4. A new permit is valid for 18 months.
APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: ____________________________
AGENT: ____________________________ TELEPHONE: ____________________________
MAILING ADDRESS: ____________________________

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: ____________________________ PLATTED: _______
PROPERTY ID #: ____________________________ ZONING: _______ I/M OR EQUIVALENT: [ Y/N ]
PROPERTY SIZE: _______ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y/N ] DISTANCE TO SEWER: _______ FT
PROPERTY ADDRESS: ____________________________
DIRECTIONS TO PROPERTY: ____________________________

BUILDING INFORMATION
[ ] RESIDENTIAL [ ] COMMERCIAL

<table>
<thead>
<tr>
<th>Unit No</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Table 1, Chapter 64E-6, FAC</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
[ ] Floor/Equipment Drains [ ] Other (Specify) ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

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Incorporated 64E-6.001, FAC
ATTACHMENTS:

A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are with 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.
Mission: To protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

Vision: To be the Healthiest State in the Nation

**SITE PLAN ATTACHMENT**

<table>
<thead>
<tr>
<th>WELL ON LOT:</th>
<th>Yes: _____ No: _____ Private: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proposed: _____ Irrigation: _____</td>
</tr>
<tr>
<td></td>
<td>If yes - indicate distance from proposed/existing septic system. Minimal distance = 75 feet.</td>
</tr>
<tr>
<td>PUBLIC WELLS:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td>SURFACE WATER:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Surface water includes: ponds, rivers, creeks, wet ditches, or any water that stands for 180+ days. Minimal distance = 75 feet.</td>
</tr>
<tr>
<td>BUILDINGS:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Indicate location of residence, sheds, barns, etc. Minimal distance = 5 feet. Minimal distance roof drip line = 7 feet.</td>
</tr>
<tr>
<td>WATER LINES:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Minimal distance = 10 feet.</td>
</tr>
<tr>
<td>DRAINAGE FEATURES:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Locate any ditches cut through the property for the purpose of draining. Minimal distance = 15 feet.</td>
</tr>
<tr>
<td>SLOPES:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Indicate direction of slope and label as mild, moderate or severe</td>
</tr>
<tr>
<td>EASEMENTS:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Locate any utility or road right of way easements.</td>
</tr>
<tr>
<td>FILLED AREAS:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Located areas on lot that dirt has been hauled to elevate the site.</td>
</tr>
<tr>
<td>OBSTRUCTED AREA:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>Locate any driveways, parking areas, sidewalks, pools, concrete slabs, building foundations. Minimal distance = 5 feet.</td>
</tr>
<tr>
<td>OFF SITE FEATURES:</td>
<td>Yes: _____ No: _____</td>
</tr>
<tr>
<td></td>
<td>List any significant features within 75 feet of your property line</td>
</tr>
</tbody>
</table>

I agree that the information provided above is complete and accurate to the best of my knowledge.

Applicant's Signature: ____________________________ Date: __________
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Site Plan Example

PART II - SITEPLAN

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

Notes: Site Plan must be drawn to scale. Locate ALL existing or proposed items on the Site Plan. For lots greater than fifteen (15) acres, you may only show one acre to scale. A small box in the upper right hand corner must be included to indicate the location of that one acre in relation to the entire parcel. Site Plan should show property dimensions in feet. If changes are made from original Site Plan a new Site Plan must be approved and submitted.

Site Plan submitted by: Must Sign Here

Plan Approved____ Not Approved____

By__________________________ County Health Departm

Owner/Agent

Date________________________

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Page 3

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

**Floor Plan Example**

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**PART II - Floor Plan**

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Notes:

3 BR, 2 Bath - 1,728 sq ft. Heated/Cooled
3 Residents

Site Plan submitted by: **Must Sign Here**
Plan Approved: **Not Approved**
By: [Signature]

Owner/Agent: [Signature]
Date: [Date]
County Health Department: [Signature]

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

--------------------------------PART II - Floor PLAN --------------------------------

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

Site Plan submitted by: ____________________________
Plan Approved ______ Not Approved ______ Date ______
By ____________________________ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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