



**State of Florida  
Department of Health  
On-Site Sewage Disposal System  
Application for Construction Permit**

Permit Number: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

**APPLICATION FOR: (Check Appropriate Box)**

- New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary       Other \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

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**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.**

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**PROPERTY INFORMATION: (All Fields Must Be Completed)**

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Yes  
 No

PROPERTY SIZE: \_\_\_\_\_ ACRES

WATER SUPPLY:  PRIVATE PUBLIC       <=2000GPD       >=2000GPD      DISTANCE TO SEWER: \_\_\_\_\_

IS SEWER AVAILABLE AS PER 381.0065, FLORIDA STATUTES?  Yes       No      FEET

PROPERTY ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY:

BUILDING INFORMATION:       RESIDENTIAL       COMMERCIAL

Unit No.	Type of Establishment	Number of Bedrooms	Building Area Sq Ft	Commercial/institutional System Design Table 1, Chapter 64E-6. FAC
1				
2				
3				
4				

Floor/Equipment Drains       Other ( Specify): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(dd/mm/yyyy)