

APPLICATION FOR TRANSFER OF A WASTEWATER FACILITY OR ACTIVITY PERMIT

Facility ID:		Date:
Facility Name:		
	Date Issued:	Date Expired:
	NOTIFICATION OF SALE OR LEGA	AL TRANSFER
Permittee Name:		
Titler		
Mailing Address:		
		ional):
		vater facility or activity under Rule 62-620.340(2), F.A.C. vent the Department agrees to the transfer of permit.
Date of proposed transfer:		
Date Signed:		
		Signature of Existing Permittee
	REQUEST FOR TRANSFER OF	PERMIT
Applicant Name:		
Title:		
Mailing Address:		
Phone (optional):	Email (optio	nal):
this permit that was issued b Further, I state that I am fam liabilities contained in the per	by the Department. I state that they accurately an illuring with the permit and I agree to comply with its	submitted by the existing permittee which are the basis of d completely describe the permitted facility or activity. terms and conditions. I agree to assume the rights and ssued. I also agree to promptly notify the Department of

Date Signed:

Signature of Applicant