



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

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

CONSTRUCTION PERMIT FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
 [ ] Repair [ ] Abandonment [ ] Temporary [ ] \_\_\_\_\_

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

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

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

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
 [OR TAX ID NUMBER]

PROPERTY ID #: \_\_\_\_\_

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ ] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]  
 A [ ] GALLONS / GPD \_\_\_\_\_ CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]  
 N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
 K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS # PUMPS [ ]

D [ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM  
 R [ ] SQUARE FEET \_\_\_\_\_ SYSTEM  
 A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ] \_\_\_\_\_  
 I CONFIGURATION: [ ] TRENCH [ ] BED [ ] \_\_\_\_\_  
 N

F LOCATION OF BENCHMARK: \_\_\_\_\_  
 I ELEVATION OF PROPOSED SYSTEM SITE [ ] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT  
 E BOTTOM OF DRAINFIELD TO BE [ ] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT  
 L  
 D FILL REQUIRED: [ ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O \_\_\_\_\_  
 T \_\_\_\_\_  
 H \_\_\_\_\_  
 E \_\_\_\_\_  
 R \_\_\_\_\_

SPECIFICATIONS BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ CHD

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**INSTRUCTIONS:**

**PERMIT NUMBER:** Permit tracking number assigned by CPHU.

**CONSTRUCTION PERMIT FOR:** Check type of permit, if "Other" specify type in blank.

**APPLICANT:** Property owner's full name.

**TELEPHONE:** Telephone number for applicant or agent

**AGENT:** Property owner's legally authorized representative.

**MAILING ADDRESS:** P.O. Box or street mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION or PROPERTY ID#:** 27 character id number for property. (CHD may require property appraiser ID # or section/township/range/parcel number)

**SYSTEM DESIGN AND SPECIFICATIONS:**

**TANK:** Minimum specifications from Chapter 64E-6, FAC.

**DRAINFIELD:** Minimum specifications from Chapter 64E-6, FAC.

**OTHER:** Other specifications, such as operating permit requirements, low-volume flush toilets, variance provisos.

**SPECIFICATIONS BY:** Name of individual providing specifications. If designed by a registered engineer must be sealed.

**APPROVED BY:** County Health Department (CHD) personnel reviewing and approving permit.

**DATE ISSUED:** Date permit is issued by CHD

**EXPIRATION DATE:** Eighteen months from date issued if the system has not been installed. Permits for system repairs become void 90 days from the date issued.