

Leb Bash
Governor



John O. Agwuonobi, M.D., M.P.A.
Secretary

LEON COUNTY PUBLIC HEALTH DEPARTMENT
APPLICATION PACKET
FOR A NEW
ON SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM PERMIT

The procedure for obtaining a new onsite sewage treatment and disposal system permit is as follows:

- Step 1. Obtain a project status determination memorandum from the Leon County Growth Management Department.
- Step 2. Complete the application packet for a new onsite sewage treatment and disposal system permit and return it to the Leon County Public Health Department.
- Step 3. The Leon County Public Health Department, upon completion of their processing, will return the new onsite sewage treatment and disposal system permit to the Leon County Growth Management Department. The Leon County Growth Management Department will contact the applicant/agent when the permitting process is complete.

NOTE TO HOMEOWNERS AND CONTRACTORS:

A representative of the Leon County Public Health Department must sign the building permit indicating that the septic system has been approved as a condition of issuance of the certificate of occupancy.

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ONSITE SEWAGE TREATMENT DISPOSAL SYSTEM PERMIT
AGENT AUTHORIZATION FORM

(COMPLETE AND ATTACH TO PERMIT APPLICATION)

TO: Leon County Health Department
Environmental Health/Onsite Sewage Program

FROM:

Name _____
(PRINT)

Address _____

City _____ State _____ Zip Code _____

Telephone# _____

I, _____, legal property owner
of the land or parcel(s) located at: _____

Parcel # _____

Hereby authorize _____ as my
agent/representative to act on my behalf in all aspects of the application process in
order to obtain an Onsite Sewage Treatment Disposal System Permit from the
Department Of Health, Leon County Health Department, Onsite Sewage Program.
My agent or representative is delegated my authority to submit all documents,
exhibits and fees necessary to obtain the permit in my name. I understand and
agree that I am solely responsible for the accuracy of information submitted and for
compliance with all requirements on my Onsite Sewage Treatment Disposal System
permit.

SIGNED _____

DATE _____



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

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

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.

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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, FSP? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____

DATE: _____

APPLICATION FOR: Check type of permit, if "Other" specify type in blank.

APPLICANT: Property owner's full name.

AGENT: Property owner's legally authorized representative.

TELEPHONE: Telephone number for applicant or agent.

MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in IM zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.

TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

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 within 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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM 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

WATERLINES:	Y	N	OBSTRUCTED AREAS:	Y	N
EASEMENTS:	Y	N	OFF SITE FEATURES:	Y	N
SLOPES:	Y	N	DRAINAGE FEATURES:	Y	N
WELLS ON LOT:	Y	N	FILED AREAS:	Y	N
PUBLIC WELLS:	Y	N	SURFACE WATER:	Y	N

Site plan submitted by: _____

Date _____ Signature _____ Title _____

Plan approved _____ Not approved _____ Date _____

By _____ LEON COUNTY HEALTH DEPT./ENVIRONMENTAL HEALTH
 ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPT.



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THE FOLLOWING ITEMS ON THE CHECKLIST MUST BE COMPLETED IN THEIR ENTIRETY BEFORE THE APPLICATION FOR A NEW ON SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT WILL BE ACCEPTED FOR PROCESSING. ALL (10) ITEMS MUST BE MARKED WITH AN "X".

01. TAX PARCEL (PROPERTY I.D.) NUMBER

This may be obtained by calling the Leon County Tax Collectors Office at (850) 488-6201.

02. PROJECT STATUS DETERMINATION MEMORANDUM

This is obtained from the Leon County Growth Management Department. Present this to the Leon County Public Health Department upon making application for the permit.

03. FLOOD LETTER

Provide a flood letter that is signed and sealed by a State of Florida registered engineer, located in the yellow pages. If property is in the 100 year flood, provide copy of engineers benchmark.

04. APPLICATION PAGE

The application page must be completed in its entirety and signed.

NOTE: If the owner of the property uses an authorized representative to obtain a new system construction permit, a signed statement from the owner of the property assigning authority for the representative to act on the owner's behalf shall accompany the application.

05. SITE PLAN

Complete the checklist accompanying the site plan in its entirety. New site plans must be drawn to-scale.

06. FLOOR PLAN

For residences, a floor plan drawn to-scale or showing the total building area of the structure, at the applicant's Option, and showing the number of bedrooms and the building area of each dwelling unit is required.

Non-residential establishments shall submit a floor plan drawn to-scale showing the square footage of the establishment, all plumbing drains and fixture types and any other features necessary to determine the composition and quantity of wastewater to be generated.

07. WHICH APPLIANCES ARE TO BE INSTALLED?

- A. Washing Machine
- B. Dishwasher
- C. Garbage Disposal
- D. Other

08. WHAT TYPE OF WATER SYSTEM WILL BE UTILIZED?

- A. Private well
- B. Public drinking water well
- C. Public water
- 1. How many residences will it serve?
- 2. Talquin water

09. PROVIDE COMPLETE DIRECTIONS TO THE JOB SITE.

NOTE: The job site must be properly marked with the flags provided by the Leon County Public Health Department after the application has been accepted.

10. FEE SCHEDULE

- A. Site evaluation and permit fee is \$305.00.
- B. Site evaluation fee without permit is \$115.00.
- C. Permit fee with site evaluation provided by a qualified person as set forth in Chapter 64E-6.004(3) is \$190.00.

If you have any questions, please call (850) 487-3166 or come by our office at 3401 W. Tharpe Street, Tallahassee, FL.

THIS APPLICATION WAS SUBMITTED BY: _____

DATE: _____

IS THE SITE ACCESSIBLE AND MARKED

_____ Gates are unlocked

_____ Dogs are restrained

_____ Brush is clear enough to get to the site (minimum 4ft. wide path)

_____ Yellow flag at the road marks the entrance to the property

_____ Pink flag marks the location of the proposed septic site

_____ Blue flag marks the location of the proposed well