Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott Governor

John H. Armstrong, MD, FACS State Surgeon General & Secretary

NOTICE TO APPLICANT

Chapter 556 of the Florida Statues, Underground Facility Damage Prevention and Safety Act mandates that this office apply for, and receive, a utility locate ticket for your property. It takes a minimum of 2 days, and up to 5 days to receive a locate ticket. The application is not complete without it. If any of the required information on the ticket request is incorrect or missing, it will take even longer. We realize this will slow down the permitting process. Please ensure you have provided us with complete driving directions to your property, this must include the closest main intersection. Also, you must indicate anything that might prevent a locator from performing this service, for example a locked gate, or large dog.

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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 I/M 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.

A site plan drawn to scale, showing boundaries with dimensions, locations of residences or ATTACHMENTS: 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.



SIGNATURE: _

STATE OF FLORIDA

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

ONSITE SEW SYSTEM	OF HEALTH AGE TREATMENT AIN N FOR CONSTRUCT		DATE PAID: FEE PAID: RECEIPT #:
APPLICATION FOR: [] New System [] [] Repair []	Existing System Abandonment	[] Holding T [] Temporary	Tank [] Innovative
APPLICANT:			
AGENT:			TELEPHONE :
MAILING ADDRESS:			
TO BE COMPLETED BY APPLICATION APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	JANT TO 489.105(3)(T TO PROVIDE DOCUME	m) OR 489.552, FLOF NTATION OF THE DATE	THE LOT WAS CREATED OR
PROPERTY INFORMATION		——————————————————————————————————————	10000 00000000000000000000000000000000
LOT: BLOCK:	SUBDIVISION:		PLATTED:
PROPERTY ID #:		ZONING:I	/M OR EQUIVALENT: [Y / N]
	381.0065, FS? [Y		C []<=2000GPD []>2000GPD ISTANCE TO SEWER:FT
BUILDING INFORMATION	[] RESIDENTI	AL [] COMM	ÆRCIAL
Unit Type of No Establishment		ding Commercial/l	Institutional System Design
1			
2			
3			
4			
[] Floor/Equipment Drai	ns [] Other (Specify)	

DATE:

- c. One for building and zoning department.
 - i. Building and zoning will not issue their permit until they receive the construction permit.
 - ii. Building and zoning usually completes their permits before the construction permit is issued. To avoid waiting any longer, apply there as soon as possible.
- 3. New construction permits are good for 18 months.
 - a. If you relocate your site after the initial site evaluation and soil analysis is completed, a new site plan must be submitted along with a \$50 fee for a new soil analysis plus a \$55 for the permit amendment.
 - b. If at the time of installation of your septic it cannot receive a final approval, there will be a \$50 re-inspection fee. \$50 will be charged for every re-inspection after the first.

Last updated August 2014

existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells onsite 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 non- residential 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.

- a. Any pertinent features on adjacent properties within 75 feet of property lines (homes, wells, septic tanks, etc...)
- 8. Signed and completed application, including a fee of \$500.00
- 9. Flags will be provided for applicants to mark site locations. One flag for the driveway, one for the well, one for the location of the septic tank.
- 10. Site evaluations will not be performed if flags are not in place.
 - a. If there is a gate, it must remain unlocked unless other arrangements have been made prior to inspector coming to property.

After Permit Submission

- 1. A minimum of 30 business days may be needed to complete the site evaluation, soil analysis and issue the construction permit.
 - a. Please call the Environmental Health Office at 352-498-3120 to check on the status of your permit or if you have any additional questions.
- 2. You will receive three copies of the construction permit
 - a. One for your personal records.
 - b. One for your contractor,

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Florida Department of Health in Gilchrist County

Instructions for New Onsite Sewage Treatment and Disposal **Systems (OSTDS) Applications NOTE-Site Plans Must be Drawn to Scale**

Applicant requirements Prior to Inspector Review

- 1. Must provide zoning approval from city or county building and zoning department.
- 2. Proof of ownership, including property/parcel identification number.
- 3. Copy of legal description or survey must accompany the application for confirmation of property dimensions only.
- 4. Directions to property with the Florida Department of Health in Gilchrist County being used as a starting point. Include all county and/or state 911 road numbers and street names. Be as specific as possible
- 5. Floor plans of dwelling, including outside dimensions.
- 6. If property is larger than five acres, you may draw one or more acre to scale, as long as it meets all the requirements within the space.
 - a. If drawing a one acre plot or more, you must draw the entire property and indicate where the insert is located within the entire property.
- 7. 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

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