

Holding Tank Permit Application and Instructions



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: Your Name

AGENT: AGENT or Agent TELEPHONE: Contact Phone
FAX # _____

MAILING ADDRESS: Applicant or agent 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.

PROPERTY INFORMATION *Lot, block and subdivision or Metes and Bounds if no lot, block and subdivision

*LOT: _____ BLOCK: _____ SUBDIVISION: Subdivision Name or Metes & Bounds PLATTED: _____

PROPERTY ID #: Accurate Property ID (Short ID) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

*Indicate Well or public water

PROPERTY SIZE: .25 ACRES *WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: Property Address

DIRECTIONS TO PROPERTY: Accurate 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 Type of Business _____ 2000 Number of employees

2 _____ _____ _____ _____
(Sq ft of each building)

3 & number of buildings _____ _____ _____

4 _____ _____ _____ _____

Example-blank form attached

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

SIGNATURE: Signature and Date required DATE: _____

See instructions on next page



INSTRUCTIONS

FILL IN ALL INFORMATION ON THE APPLICATION: If your information is incomplete or found to be inaccurate your application will not be processed.

PROPERTY INFORMATION: Lot, block, subdivision or metes and bounds description, property ID number and property size in acres or square footage may be found on your deed, survey, tax bill or from the Volusia County Property Appraiser's office, 386-736-5901 or <http://webserver.vocgov.org/index.html>. Information concerning your recorded subdivision date may be obtained from the Clerk of the Court, 386-736-5912 or your unrecorded subdivision date may be obtained from Vol. County Gov., Development Engineering, 386-736-5926.

BUILDING INFORMATION: Include each building that is served by the subject holding tank, building area as measured from exterior walls, number of persons and business activity.

ATTACH AN AGENT AUTHORIZATION FORM if you are an agent for the applicant and you are not a registered septic contractor, licensed plumber or licensed builder.

ATTACH A SITE PLAN: Attach a copy of a site plan. The site plan and all features shown on it **MUST BE TO SCALE**, and must show lot dimensions, the location of the proposed holding tank on the lot, the proposed building location, driveways and sidewalks, surface water bodies, stormwater drainage features, potable and non-potable wells. Surface water bodies, stormwater drainage features, potable and nonpotable wells on neighboring properties must also be shown. If neighboring properties are vacant, write "vacant land" where applicable. The site plan must be signed by the applicant or authorized agent.

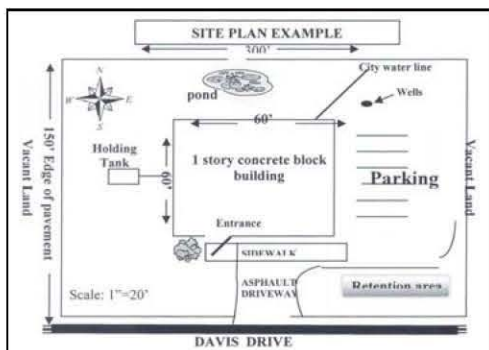
ATTACH A FLOOR PLAN: The floor plan must clearly show all outside wall dimensions and the room configuration with in the building.

The fee for a Holding Tank permit is \$ 230.00. Make Checks Payable to: VOLUSIA COUNTY HEALTH DEPT. If the holding tank is for construction purposes, the permit shall be valid for the duration of the construction project.

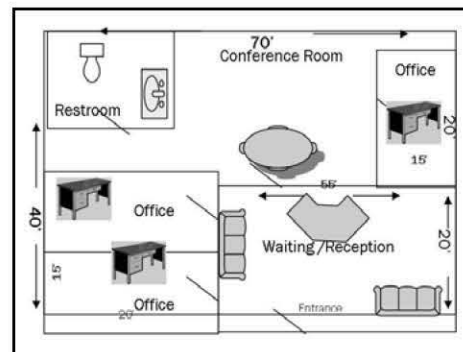
ATTACH A COPY OF A CONTRACT with a septic tank pumping service which specifies the frequency of pump-out.

FOLLOWING INSTALLATION OF HOLDING TANK, an inspection is required. Please call this department for an inspection.

**Commercial
Site Plan**



**Commercial
Floor Plan**





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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: _____