

## Private, Public and Charter School Application – Page 1

**Instructions:** Per Chapter 6A-2.0040 Florida Administrative Code (F.A.C.) and Section 1013.12 Florida Statute (F.S.), satisfactory inspections are required for all school buildings. To obtain an inspection: **(1)** Please complete pages 1 and 2 with the requested information; **(2)** Sign and date where indicated; **(3)** Submit these forms for review to: FL Dept. of Health – Volusia County, Environmental Health office, 1845 Holsonback Drive, Bin #118, Daytona Beach, FL 32117.

After application review, you will be notified of the Annual inspection fee based on the capacity of the facility. This fee is due prior to inspection. For questions, contact our office @ 386-274-0692.

### Facility Information

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_

*The undersigned Applicant/Representative hereby attests that the information contained in this application is truthful and correct. The Applicant/Representative understands that any misrepresentation of the facts in this application and failure to provide requested information or comply with sanitary standards is grounds for denial or revocation of any approval based upon this application.*

Name of Owner/Owner's Representative: \_\_\_\_\_  
(please print or type)

Signature of Owner/Owner's Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Payment included: Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery Method: US Mail \_\_\_\_\_ Overnight Carrier \_\_\_\_\_ Drop Off \_\_\_\_\_ Date: \_\_\_\_\_

#### For FDOH - Volusia Use Only

Date Received: \_\_\_\_\_ Application #: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Please continue to page 2  
**Private, Public and Charter School Application – Page 2**

**Instructions:** This page must be completed in its entirety and returned with page 1 and \$50 fee if a floor plan of the facility is available, we would appreciate a copy for the file.

Anticipated Student Enrollment: \_\_\_\_\_ Ages/Grades to be served: \_\_\_\_\_ / \_\_\_\_\_

Hours of Operation: Begin @: \_\_\_\_\_ AM / PM End @: \_\_\_\_\_ AM / PM

**Sewage Disposal System**

City, Municipal or Utility Name: \_\_\_\_\_

Septic System Permit #: \_\_\_\_\_ Septic Tank Size (gallons): \_\_\_\_\_ Drainfield Size: \_\_\_\_\_

**For FDOH – Volusia Use Only**

FDOH OSTDS Approval Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Copy Attached? Y / N

Additional Comments: \_\_\_\_\_

**Drinking Water**

City, Municipal or Water Utility Name: \_\_\_\_\_

Limited Use Well Permit # \_\_\_\_\_ or SDWA System Well Permit #: \_\_\_\_\_

**For FDOH – Volusia Use Only**

FDOH Engineering Approval by: \_\_\_\_\_ Date: \_\_\_\_\_ Copy Attached? Y / N

Additional Comments: \_\_\_\_\_

**Food – Facility food service (check one)**

\_\_\_\_\_ None (all food provided by parents) \_\_\_\_\_ Full Food Service (requires separate plan review)

\_\_\_\_\_ Pre-packaged snacks only \_\_\_\_\_ Catered Food

If "Pre-packaged snacks only" or "Catered" is checked, please describe the food service. Please list the types of foods you anticipate serving and/or who will be providing / catering the food:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_