

Mission:

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



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

Private, Charter, and Public School Application

Instructions: Per Chapter 6A-2.0040 F.A.C. and Section 1013.12 F.S., satisfactory inspections are required for all school buildings. To obtain your inspection; (1) Please fill out the blank lines below with the information requested (2) Sign where indicated (3) Attach check for inspection fee to front of this application and (4) Send application and fee payment to: FDOH-Volusia, Attn: Environmental Health-BIN 118, 1845 Holsonback Dr., Daytona Beach Florida, 32117. If you have questions about this application, please call 386-274-0694.

Facility Information

Facility Name _____

Contact Person _____

Address _____ City _____ St _____ Zip _____

Phone _____ Fax _____ email _____

Owner Information

Name _____ Phone _____ email _____

Mailing Address _____ City _____ St _____ Zip _____

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.

Print owner name/ representative _____

Signature of owner/ representative _____

For FDOH – Volusia Use only

Check# _____ Check amount _____ Date received _____

Permit# _____

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Instructions: This page must be completed in its entirety and returned for review. Upon satisfactory review, you will be contacted by the health department to schedule your onsite inspection.

Anticipated Capacity _____ Ages/Grades to be served _____

Hours of Operation to begin at _____ AM / PM End at _____ AM / PM

Food (check one)

____ None (all food provided by parent/guardian) ____ Full (requires separate plan review)

____ Pre – packaged snacks only ____ Catered

If “snack only” or “catered”, please describe your food service. Please list the types of food you plan to serve and who will be providing the food.

Sewage System

Municipal Utility Name _____ Acct number _____

Septic permit # _____ Tank size _____ Drain field size _____
(If applicable)

For FDOH – Volusia Use only

FDOH OSTDS Approval issued by _____ Date _____

Additional Comments _____

Water

Drinking water for this facility is provided by

____ Municipal Water System / Water system name _____ Acct # _____

____ Well / Limited Use Well Permit # _____

For FDOH – Volusia Use only

FDOH Engineering Approval _____ Date _____

Additional Comments _____