

Mission:

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

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation**APPLICATION FOR FLORIDA DEPARTMENT OF HEALTH IN CHARLOTTE COUNTY'S
SEPTIC INSTALLATION PERMIT**

ALL PERSONS AND/OR BUSINESSES WHO WISH TO INSTALL, REPAIR, MODIFY, OR SERVICE ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEMS MUST OBTAIN A PERMIT FROM THE FLORIDA DEPARTMENT OF HEALTH IN CHARLOTTE COUNTY. THE PERMIT RUNS FROM JULY 1 EACH YEAR AND MUST BE RENEWED ANNUALLY. **The fee is \$140.**

A COPY OF THE LICENSEE'S DRIVER'S LICENSE IS REQUIRED

GENERAL INFORMATION:

BUSINESS' NAME: _____ BUSINESS' LICENSE NUMBER: _____
PHYSICAL ADDRESS: _____ CITY: _____ COUNTY: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____ PHONE NUMBER: _____
OWNER'S NAME: _____
LICENSEE'S NAME: _____ LICENSEE'S LICENSE NUMBER: _____
LICENSEE'S CELLPHONE NUMBER: _____

TYPE OF WORK PERFORMED:

PLEASE CHECK ALL THAT APPLY:

NEW CONSTRUCTION INSTALLATION ☐

REPAIR INSTALLATIONS ☐

MODIFICATION TO SYSTEMS ☐

PUMP TRUCK ☐

CERTIFY SEPTIC TANK ☐

SYSTEM EVALUATIONS ☐

CERTIFICATIONS (PROVIDE COPY OF CERTIFICATIONS):

CERTIFIED TO INSTALL ATU, PBTS, DRAINFIELD PRODUCTS? _____

CERTIFIED TO MAINTAIN ATU, PBTS, ETC., SYSTEMS? _____

NAME OF THE PERSON THAT HOLDS THE ATU CERTIFICATION: _____

IF THEY ARE AN EMPLOYEE, DO THEY STILL WORK FOR THE BUSINESS? _____

TRAINING FOR PLUMBING CONTRACTORS:

I, _____, licensee for _____, attest to having had formal training and/or significant experience directly related to the specific septic work that our company plans to perform.

Signature: _____ Print: _____ Date: _____

