

Prepared By: _____

(This must be a person's name, not a company)

**DECLARATION OF RESTRICTIONS/UTILITY EASEMENT
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM**

This agreement shall be recorded in the public property records of Charlotte County, Florida and a certified copy provided to the Florida Department of Health in Charlotte County

Full Property Information:

Address: _____ Lot(s): _____ Block(s): _____

Property ID: _____

The above-described property shall contain the following restrictions, which are referred to as "Utility Easement" pursuant to Florida Administrative Code ("F.A.C.") Section 62-6.004(7)(a):

1. Lots _____, Block _____, house constructed on multiple lots with one septic system. All lots must be sold as a single unit and cannot be subdivided for any real estate transaction.
3. This Declaration of Restrictions/Utility Easement shall be deemed a covenant running with the land and shall be binding upon the undersigned, their lessees, successors, and assigns, until sanitary sewers are made available to and accessed by the property, at which time the restriction shall be terminated and released.
4. The OSTDS shall be maintained and operated pursuant to the more stringent of the laws, rules and regulations of Section 381.0065, Florida Statutes ("F.S."); Chapter 62-6, F.A.C.; Code Chapter 3-8-250 – 3-8-263 as amended.

Dated this day: _____ of _____, 20_____.

By: _____ Owner-Signature

_____ Owner-Printed Name

Witness 1: _____ Witness-Signature

Witness 1: _____ Witness-Printed Name

Witness 2: _____ Witness-Signature

Witness 2: _____ Witness-Printed Name

STATE OF FLORIDA, COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this _____ day of _____, _____.

He/she is personally known to me or has produced _____ as identification.

Notary Public Signature: _____

Notary Public-Printed Name: _____

SEAL _____

My commission Expires: _____