

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

The undersigned _____ as owner(s) of the following described real property located in Charlotte County, Florida, for the sum of \$10.00 and other good and valuable consideration, receipt of which is hereby acknowledged, and to qualify for issuance by the Florida Department of Health(FDOH/CCHD) of an Onsite Sewage Treatment and Disposal System (OSTDS) construction permit, hereby agrees to the following restrictions against the property described as:

(LEGAL DESCRIPTION)

(Address)

A. 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)(b):

1. Lot _____ block _____, one septic system serving multi family units. If the units are sold separately each unit is responsible for fifty percent of the septic system maintenance and/or repair cost.
2. Lots _____ and _____, Block _____, lots must be combined to meet the required authorized sewage flow per day. Both 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.

B. This Declaration of Restrictions/Utility Easement shall be recorded in the public property records of Charlotte County, Florida and a certified copy provided to the FDOH/CCHD.

Executed the _____ day of _____, 20____

BY: _____
(Owners Signature)

(Print Owner's Name)

STATE OF FLORIDA)
COUNTY OF CHARLOTTE)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me/ produced as identification.

NOTARY PUBLIC

PRINT NAME

Commission No. _____

My commission expires: _____