

**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: _____ Permit Number: 08-SM- _____

The above referenced property is serviced by an "In-ground Nitrogen-reducing Biofilter (INRB)." Under the provisions of Chapter 62-6, F.A.C., the property owner of said property is required to:

- All subsequent property owners will receive written notice informing them of the use of the property and is serviced by an "INRB." This notice must be recorded in the public records at the county courthouse.
- The "INRB" is required to be maintained, in perpetuity, in compliance with all lawful requirements.

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: _____