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 starting 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 ☐
MODIFICATION TO SYSTEMS ☐
CERTIFY SEPTIC TANK ☐
REPAIR INSTALLATIONS ☐
PUMP TRUCK ☐
SYSTEM EVALUATIONS ☐

CERTIFICATIONS (PROVIDE COPY OF CERTIFICATIONS):

CERTIFIED TO INSTALL WHAT KIND OF ATU, PBTS?

_____

_____

CERTIFIED TO MAINTAIN WHAT KIND OF 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, _____(NAME), licensee for _____(BUSINESS NAME), attest to having had formal training and/or significant experience directly related to the specific septic work that our company plans to perform.

SEPTIC OR PLUMBER LICENSE HOLDER:

Signature: _____Print: _____Date: _____