1. If you are building a house, check with Santa Rosa Building Inspections (850-981-7000) to ensure that all permit requirements are met for your structure. Check also with Planning and Zoning (850-981-7000) to determine how your property is zoned. This affects whether you can place a mobile home on your vacant lot or whether you must purchase a commercial operating permit for a structure that it zoned commercially/industrially. Also, visit: http://www.santarosa.fl.gov/developmentservices/residential.cfm

2. Provide a letter from the utility company that states if sewer is available to your address. If sewer is available, we cannot sell you a permit for a septic system.

3. If you are not the owner of the property – you will need a letter from the owner allowing you to be the agent.

4. **You must clear an area on lot where the septic system will be placed** - Also we must have driving path or walk path to the job site. If lot is not cleared resite fee will be required.

- **TANK ABANDONMENT**  
  Cost: $108.00  
  Permit is good for 90 days
  ✓ Plot Plan with outside dimensions of property —does not have to be to scale
  ✓ Complete Property ID # (19 digits)
  ✓ Complete street address

- **NEW SYSTEM PERMIT**  
  Site Cost: $365.00  
  Permit Cost: $130.00  
  Total: $495.00

  Permit is good for 1.5 years; site evaluation is good for 6 months
  ✓ Plot Plan **drawn to scale** showing exact dimensions, signed and dated
  ✓ Floor plans – showing exact dimensions
  ✓ Complete Property ID# (19 digits)
  ✓ Legal description (Deed or Survey)
  ✓ Complete street address

- **EXISTING SYSTEM or MODIFICATION PERMIT**  
  Cost: ($108.00 up to $373.00)

  Price varies depending on system impact
  Permit is good for 1.5 year for modification permit
  ✓ Septic tank pump-out letter from contractor **may be required** (Modification Permit only)
  ✓ Plot plan **drawn to scale** showing exact dimensions, signed and dated
  ✓ Floor plans - showing exact dimensions
  ✓ Complete property ID # (19 digits)
  ✓ Legal description (Deed or Survey)
  ✓ Complete street address

- **REPAIR PERMIT**  
  Site Cost: $228.00  
  Permit Cost: $130.00  
  Total: $358.00

  Permit is good for 90 days; site evaluation is good for 6 months
  ✓ Septic tank pump out letter from contractor
  ✓ Plot plan with outside dimensions of property—does not have to be to scale
  ✓ Complete Property ID# (19 digits)
  ✓ Legal description (Deed or Survey)
  ✓ Must get a twelve-month water usage form you want company.

**PRICES ARE GOOD FROM (JULY 1, 2018 TO JUNE 30, 2019)**
**REQUIREMENTS FOR SITE DRAWING**

Property boundaries with dimensions.
1. Location of the septic tank and drainfield with distances to structures and property lines.
2. Location of existing structures and proposed structures.
3. Location of wells on property or within 100 feet of your property boundaries.
4. Location of septic tanks and drainfield within 100 feet of your property boundaries.
5. Location of driveways, parking areas and sidewalks.
6. Location of all water supply lines, storm water retention ponds, swales and drainage ditches, surface water (ponds, lakes, oceans, bays, bayous and canals).
7. Sign and date.

**SET BACKS FROM ANY PART OF SEPTIC TANK**
1. 75' from any private well or 50' from any non-potable well.
2. 100' from a limited use non-community well or 200' from any public well.
3. 5' from any structure, building, pavement or property line.
4. 10' from water lines and 100' from surface water

** ** If property is more than 5 acres – one acre can be drawn to scale. Also you will need an aerial view from the Property Appraiser’s Office – then show where the one acre is on the aerial view sheet.

---

**Example Site Drawing (to scale)**

Name of the road 1 = 40 SCALE

**REMEMBER!**

✓ Please check your plot plan to make sure it is to scale and all items are represented.
✓ A plot plan drawn to scale should show the following features: Remember to make sure that your printer handling setting is set to "NONE" for page scaling
✓ Sign and date the drawing.
✓ **Incomplete or unacceptable site drawings will result in delays in processing your application!**

Thank you!
Environmental Health
Florida Department of Health in
Santa Rosa County
850-983-5275  Call Lisa Schofield for details if you would like to pay over the phone
Main email address is - EHealth@flhealth.gov
Mailing address is: PO BOX 959, Milton FL 32572
OSTDS APPLICATION INFORMATION

Submission of an incomplete, inaccurate or illegible application will result in unnecessary delays.

A permit application for any onsite sewage treatment and disposal (septic tank) system is required by Florida law.

- Applications must be complete, accurate and legible. A complete application contains all information required by Chapter 64E-6, Florida Administrative Code (FAC).
- The applicant or their authorized agent is responsible for all the information required in the application. If the application is incomplete, the permitting process is put on hold until all the information is received.
- Applications allow the Florida Department of Health to determine if the system, as proposed by the applicant or their agent, can be installed to meet the required standards to protect public health.

Once a complete application is received, the Department has certain timeframes required by statute for issuing a permit for a septic tank. Permit timeframes are different depending on whether a septic tank is considered a performance-based system or a conventional (non-performance) system. For permit timeframe purposes, applications for septic tank system construction may be grouped into the following categories:

1. Applications for Non-Performance-based Treatment Systems

   Unless a shorter time frame is prescribed by law, Section 120.60, Florida Statutes (FS) provides specific timeframes for construction permit applications.

   Submitted applications must be reviewed within 30 days for errors or omissions. If errors or omissions exist, the department must request, in writing, any additional information that is necessary to complete the application. This serves as the basis by which the department must evaluate the application, and is required to ensure that the supporting facts and circumstances indicate regulatory compliance.

   Applications must be approved or denied within 90 days once a completed application has been received. Note that when additional information is requested, the 90-day time to issue the permit is stopped. Once all corrected information is received, the 30 and 90-day time clock begins anew.

2. Applications for Performance-based Treatment Systems

   Sub-paragraph 381.0065(4)(j)2., FS, provides specific timeframes for construction permit applications for Performance-Based Treatment Systems (PBTS).

   Within five working days after receiving an engineer-designed PBTS application, the county health department must review and shall request additional information if the application is incomplete. Within 15 working days after the department receives a completed application for a PBTS, the county health department must either issue the permit or notify the applicant that the system does not comply with performance criteria, and refer the application to the Onsite Sewage Program Office in Tallahassee, Florida who shall review the application for a determination whether the system should be approved, disapproved, or approved with modifications. Once referred to the Onsite Sewage Program Office, the standard time lines found in Chapter 120, Florida Statutes, and mentioned above, are in effect.

For the calendar year of 2017, there were 16,884 new system permits and 19,882 repair permits issued for the state. The statewide averages for permit issuance were three working days for new permits, and one working day for repair permits.
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT  

APPLICATION FOR:  
[ ] New System  [ ] Existing System  [ ] Holding Tank  [ ] Innovative  
[ ] Repair  [ ] Abandonment  [ ] Temporary  [ ]  

APPLICANT:  

AGENT:  

TELEPHONE:  

MAILING ADDRESS:  

______________________________  

TO BE COMPLETED BY APPLICANT OR APPLICANT’S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT’S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. 

PROPERTY INFORMATION  

LOT: ______ BLOCK: ______ SUBDIVISION: ___________________________ PLATTED: _____  

PROPERTY ID #: ______________________ ZONING: ______ I/M OR EQUIVALENT: [ Y / N ]  

PROPERTY SIZE: ______ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<2000GPD [ ]>2000GPD  

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: ______ FT  

PROPERTY ADDRESS: _____________________________  

_________________________________________________________  

DIRECTIONS TO PROPERTY: ___________________________  

BUILDING INFORMATION  

[ ] RESIDENTIAL  
[ ] COMMERCIAL  

Unit Type of Establishment  
No. of Bedrooms Building Area Sqft  
Table 1, Chapter 64E-6, FAC  

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<th>Unit No</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design</th>
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[ ] Floor/Equipment Drains [ ] Other (Specify)  

SIGNATURE: ___________________________  

DATE: ___________________________  

DH 4015, 08/09 (Obsoleses previous editions which may not be used)  
Incorporated 64E-6.001, FAC  

Page 1 of 4
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number __________________________

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: ____________________________________________

Site Plan submitted by: ________________________________

Plan Approved_____ Not Approved_____ Date ____________

By________________________________________ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
APPLICATION INFORMATION

DATE: __________________ APPLICATION NUMBER ____________

NAME OF APPLICANT: _____________________________________________

CHECK WITH YOUR WATER COMPANY & ZONING – REMEMBER FEES ARE NOT REFUNDABLE

Is sanitary sewer available? Yes or No Connection to sewer must occur within 365 days of availability.

For Existing & Repairs – When was system installed? _____ Occupied by tenant? _____

Do you have pets? Yes or No They must be restrained during inspection.

Is this property zoned industrial manufacturing? Yes or No

Will you have an irrigation system? Yes or No Will you have an irrigation well? Yes or No

Will the structure be served by a public water system or private well? Public Water _____ Private Well _____

If private well answer the following: Will it serve 2 or more rental units? Yes or No

Will it serve a business? Yes or No

If the answer was yes to either of the two preceding questions, please consult with the Limited Use Public Water Coordinator prior to continuing.

Do you plan to put in a pool? Yes or No Do you have an existing pool? Yes or No

Are there any structures on adjacent properties? Yes or No

Do you plan to have any outbuildings, such as separate garage, workshop or storage building? Yes or No

Do you have any existing outbuildings, such as separate garage, workshop or storage building? Yes or No

Are there any recorded easements on your property? Yes or No

Does your property slope? Yes or No

Would you like a separate laundry system? Yes or No If Yes, indicate location of both on plot plan.

Are there any drainage features, surface waters, filled areas, or jurisdictional wetlands located on/or adjacent to your property? Yes or No

Are there any underground utilities near the septic tank test site? Yes or No

Do your neighbors have a septic tank, well, wetlands or surface waters within 100 feet of your property? Yes or No

Are there any public wells within 200 feet of your property? Yes or No.

All questions marked yes must be shown on the plot plan.

Signature ___________________________ Date ____________________________