
School Plant Application

New Application _____

Change of Application _____

Name of School _____

School Address _____

Owner Name _____

Mailing Address _____

Phone Number _____, Fax Number _____

Person in Charge _____

Email Address _____

Projected Capacity _____ No Increase in Capacity Without Approval from HCHD

Food Service _____ Yes, _____ No. *If Food Service Provided Must Obtain a Food Service Plan Review Prior to Starting Service, Contact 813 307 8059*

Type of Water Service: Municipal or Well (circle one). Type of Sewer Service: Municipal or Septic (circle one)

Note: If the facility is on a well or septic it must be approved for use prior to initial inspection.

Per FAC: Grades from 3rd to above must be provided with a separate staff Toilet.

Per FAC(6A-2.0040) : Water fountain must be provided.

Number of Toilets: Male _____, Female _____, Urinals _____, Sinks _____,
Showers: _____ Yes, _____ No, _____ #

Water Fountain Provided: _____ Yes, _____ No, Number of Fountains _____

Days Of Operation: _____, Hours of Operation: _____

Information Provided by: _____, Phone: _____

Floor Plan Must Be Attached.

FDOH Hillsborough Use Only

Approved: _____ Yes, _____ No

Inspection Frequency _____

Health Official: _____ Permit # _____