School Plant Application

Name of School School Address Owner Name Malling 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: Grades from 3rd to above must be provided. Number of Toilets: Male, Female, Urinals, Sinks, Showers: Yes, No,	New Application	Change of Application				
Mailing Address	Name of School					
Mailing Address	School Address					
Person in Charge	Owner Name					
Email Address	Mailing Address					
Email Address	Phone Number	, F	ax Number			
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Approved: Yes, No Inspection Frequency	Floor Plan Must Be Attached	<u>d.</u>				
	FDOH Hillsborough Use Or	nly				
Health Official: Permit #	Approved: Yes,	No	Inspection	on Frequency		
	Health Official:			Permit #		