

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

School Plant Application

New Application _____ Change of Application _____ Permit # _____

Name of School _____

School Address _____

Ownership 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 Ani at 307-8015 x5954.*

Type of Water Service _____, Type of Sewer Service _____
Well or Septic Service Must be approved before School Inspection Complete

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: _____

Property Site Plan & Facility Floor Plan Must Be Attached.
Application Fee: \$200

Health Department _____

Approved: _____ Yes, _____ No Inspection Frequency _____

Health Official: _____