Holding Tank Permitting Procedures

1. Complete the attached Application Page. All applicable information must be completed. An application can not be processed without a temporary street address and folio number/property ID number.

2. Provide a Site Plan. The site plan must show the location of the building structure, the street, the location of the holding tank and any wells or surface water bodies.

3. A Copy of the Service Agreement with a licensed portable toilet operator. The service agreement should include the size of the tank and the service frequency. Service must be once a week at the minimum.

4. A Letter of Authorization is required if the applicant's agent is not a licensed septic tank contractor or a contractor licensed in accordance with Chapter 489 Florida Statute.

5. A fee of $180.00.

6. Call for an inspection after the tank has been placed into service.

If you should have any questions please call (813) 307-8059.
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

<table>
<thead>
<tr>
<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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<tbody>
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</tbody>
</table>

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: ___________________________ DATE: ___________________________

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC  Page 1 of 4
APPLICANT: Property owner's full name.
AGENT: Property owner's legally authorized representative.
TELEPHONE: Telephone number for applicant or agent.
MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.
LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.
DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.
PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.
ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.
PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compact ed road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.
WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.
SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.
PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.
BUILDING INFORMATION:
TYPE ESTABLISHMENT: Check residential or commercial.
List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.
NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.
BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.
BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.
FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.
ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.
LETTER OF AUTHORIZATION

I __________________________ authorize __________________________ to act as my agent for the permitting of an Onsite Sewage Treatment and Disposal System with the Florida Department of Health - Hillsborough County.

________________________________

Signature of Applicant

________________________________

Date