Permanent or Stationary Holding Tank Application Packet

You must have the following items:

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

2) A Site Plan must be provided. The site plan must show the layout of the property including building structures, streets, and the proposed location of the holding tank. Please note: All wells, potable water lines, and surface water bodies within 100 feet of the proposed holding tank MUST be marked on the site plan.

3) A copy of the Service Agreement with a licensed portable toilet operator. Included in the service agreement should be the size of the tank and the service frequency. Service must be performed at least once per week. Service agreements must be signed by both parties.

4) Complete the attached Site Plan Information sheet.

5) A fee of $235.00. Please make checks payable to the Florida Department of Health in Pinellas or FL DOH-Pinellas.

6) Call for an inspection when the holding tank is put into use. NOTE: Failure to call for the required inspection may result in citation or fine.

If you should have any questions, please call (727) 538-7277.
APPLICATION FOR:
[ ] New System  [ ] Existing System  [ X ] Holding Tank  [ ] Innovative
[ ] Repair  [ ] Abandonment  [ ] Temporary  [ ] ____________

APPLICANT: ____________________________

AGENT: ____________________________ TELEPHONE: ____________

MAILING ADDRESS: ____________________________

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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.

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PROPERTY INFORMATION
LOT: _______ BLOCK: _______ SUBDIVISION: ____________________________ PLATTED: _______

PROPERTY ID #: ____________________________ ZONING: _______ I/M OR EQUIVALENT:[ Y / N]
PROPERTY SIZE: _______ ACRES WATER SUPPLY:[ ] NEW WELL [ ] EX WELL [ ] PUBLIC WATER

IF PUBLIC [ ] <= 2000GPD [ ] > 2000GPD

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

PROPERTY ADDRESS: ____________________________

DIRECTIONS TO PROPERTY: ____________________________

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BUILDING INFORMATION  [ ] RESIDENTIAL  [ ] COMMERCIAL

Unit (b) Type of (c) No. of (d) Building (e) Commercial/Institutional System
Design Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1 ____________________________ ____________________________ ____________________________ ____________________________

2 ____________________________ ____________________________ ____________________________ ____________________________

3 ____________________________ ____________________________ ____________________________ ____________________________

4 ____________________________ ____________________________ ____________________________ ____________________________

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

SIGNATURE: ____________________________ DATE: ____________

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FDOH/ PINELLAS COUNTY

LETTER OF AUTHORIZATION

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

__________________________
Signature of Applicant

__________________________
Date
FDOH  Pinellas County
Onsite Sewage Disposal System Application For Construction Permit
Site Plan Information

1. Is there any slope to your lot? No._____  Yes_____  

2. Are there any existing or proposed public wells on or within 200 feet of your lot?  
   (A public well is any well which is used for anything other than a single family home.)  
   No_____  Yes_____  

3. Is there a proposed well or an existing well on or within 75 feet of your lot?  
   No_____  Yes_____  

4. Are there any lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water on or within 75 feet of your lot?  
   No._____  Yes_____  

5. Are there any easements (Roads, pipe lines, underground utilities) on your property?  
   No._____  Yes_____  

6. Are there any drainage features (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?  
   No._____  Yes_____  

7. Are there any existing or proposed septic systems on or within 75 feet of your property? (i.e. your neighbor’s septic system, are vacant lots already permitted?)  
   Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner’s expense.  
   No_____  Yes_____  
   *If you answered YES to any of the above questions, please draw and locate on your site plan.  

8. Is the lot accessible (i.e. locked gate, dogs, etc.), cleared, and flagged?  
   No_____  Yes_____  

Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By:  Printed Name:___________________________  
                          Signature: ___________________________  
                          Title: ___________________________    Date:_______