



INNOVATIVE ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT APPLICATION

Applicant Name _____ Phone # (____) _____
(Last, First, M.I. or Business Name)

Fax # (____) _____

Applicant Mailing Address: _____
(Business name)

(Street Address or P.O. Box) (City) (State) (Zip)

1. List name, type and model number of innovative system or product (Attach by addendum).

2. Supply the following minimum information:

- A) Research and development studies;
- B) Results of previous testing;
- C) Design and installation criteria;
- D) Performance and reliability data;
- E) A disinterested third party certifier report, or a Florida Registered Engineer report;
- F) Copy of system or product warranty.

3. If the above information is not available or determined to be insufficient by the department and a temporary permit is issued for further testing and monitoring then a fee in an amount not to exceed \$25,000.00 as authorized under section 381.0066, Florida Statutes, will be agreed upon prior to application approval. This fee covers the department's cost associated with the performance evaluation of the innovative system or product.

Applicant signature or authorized representative of applicant, if applicant is other than an individual:

Title: _____

Date: _____

DEPARTMENTAL USE ONLY

1) Application	Number: Application	
2) Received	By: Reviewed	Date: _____
3) By: Additional Information Requested.....	Y/N	Date: _____
4) Information Needed: _____		Date: _____
Application Complete.....	Y/N	
5) Application Approved.....	<input type="checkbox"/>	Date: _____
Temporary Permit Issued	Y/N	Date: _____
7) Application Denied		Date: _____
8) Reason for Denial: _____	<input type="checkbox"/>	Date: _____

Reviewed By: _____

Date: _____

Title: _____