



**STATE OF FLORIDA**  
**FLORIDA DEPARTMENT OF HEALTH-BROWARD COUNTY**  
 Environmental Health-2421 S.W 6 Ave 2<sup>nd</sup> Floor  
 Fort Lauderdale, FL 33315  
 954-412-7335

**Plan Review Fee \$100**  
**PLAN REVIEW GUIDE FOR SCHOOLS**

NOTE – Please submit completed plan review guide with plan review fee(s) and attach the following supporting documents.

| SECTION 1 – SUPPORTING DOCUMENTS   |  |                |                                |
|--|--|----------------|--------------------------------|
| <input type="checkbox"/> Floor plan of the school showing the location of the classrooms, plumbing fixtures, water fountain(s), athletic fields, common areas, etc.<br><input type="checkbox"/> Copy of Division of Corporation<br><input type="checkbox"/> Certificate of Occupancy from local building authority | <input type="checkbox"/> Fire Inspection<br><input type="checkbox"/> Copy of water utility bill showing sewer charges or if facility is on septic, must complete <b>Section 12</b> on application.<br><input type="checkbox"/> Registration with the Department of Education |                |                                |
| SECTION 2 – PLAN REVIEW TYPE   |  |                |                                |
| Please check only one box.   |  |                |                                |
| <input type="checkbox"/> Newly built Establishment<br><input type="checkbox"/> New Establishment in Existing Structure<br><input type="checkbox"/> Reopen a Closed Establishment   | <input type="checkbox"/> Remodeling of Existing Establishment<br><input type="checkbox"/> Ownership Change   |                |                                |
| SECTION 3 – TYPE OF ESTABLISHMENT  |  |                |                                |
| Please check the box that best describes your establishment.   |  |                |                                |
| <input type="checkbox"/> Private School<br><input type="checkbox"/> Private Charter School   | <input type="checkbox"/> Charter School<br><input type="checkbox"/> Public School  |                |                                |
| SECTION 4 – ESTABLISHMENT INFORMATION  |  |                |                                |
| Establishment Name (DBA)   |  |                |                                |
| Location Address   |  |                |                                |
| City   | Zip Code (+4 optional)   |                |                                |
| Mailing Address  |  |                |                                |
| City   | Zip Code (+4 optional)   |                |                                |
| Establishment Phone Number   | E-mail Address   |                |                                |
| SECTION 5 – OWNER INFORMATION  |  |                |                                |
| <small>Note: This address will be where the department will mail all official paperwork</small>  |  |                |                                |
| Name (please check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual)   |  |                |                                |
| First Name   | Last Name  |                |                                |
| Street Address or Post Office Box  |  |                |                                |
| City   | State  | Zip Code       |                                |
| Phone Number   | Extension  | E-mail Address | Fax Number                     |
| Contact Name   |  |                | Title (Agent, Architect, etc.) |
| Phone Number   | Extension  | E-mail Address | Fax Number                     |

**SECTION 6 – FACILITY DETAILS**

|   |  |
|---|--|
| Maximum Student Capacity  | Grade Levels   |
| Does the school provide boarding Yes <input type="checkbox"/> No <input type="checkbox"/>                                     | Is the school located on a School Board Property? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the school registered with the Department of Education? Yes <input type="checkbox"/> No <input type="checkbox"/>           | Registration Number  |
| Does the School have a swimming pool on campus? Yes <input type="checkbox"/> No <input type="checkbox"/>                      |  |
| Will the school be providing food service (breakfast, lunch, snack)? Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>*Separate Food Permit Required</i>  |

**SECTION 7 – OTHER FACILITIES-TOILETS**

|   | Male   | Female | Unisex |
|---|--|--------|--------|
| Number of Toilets   |  |        |        |
| Number of Urinals   |  |        |        |
| Number of Sinks   |  |        |        |
| Number of Showers   |  |        |        |
| Number of Drinking Water Fountains<br>(Slant Jet Type as per 6A.2004(7)(b)) |  |        |        |
| Is there a separate staff restroom  | YES <input type="checkbox"/> NO <input type="checkbox"/> |        |        |

**SECTION 8 – POTABLE WATER**

**The above name facility/business uses the following water supply (choose one type):**

|   |                                 |                |
|---|---------------------------------|----------------|
| <input type="checkbox"/> Municipal/Public Water System  | Name of Supplier                |                |
| <input type="checkbox"/> Onsite Well System (Requires approval from the Department of Health)                                     |                                 |                |
| ** Contact the Department of Health-Environmental Engineering Section at 954-412-7334   |                                 |                |
| <b>**Onsite Well System or Limited Use System Approval: (This section is to be completed by the Florida Department of Health)</b> |                                 |                |
| <input type="checkbox"/> Establishment served by a 64E-8, F.A.C., Limited Use Public Water System, DOH Regulated                  |                                 |                |
| <input type="checkbox"/> Establishment served by a Florida Safe Water Drinking Act (DEP or DOH) regulated public water system     |                                 |                |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Denied | Permit Number: |
| DOH Employee Name   | Signature                       | Date           |

**SECTION 9 – WASTEWATER**

**The above name facility/business uses the following water supply (choose one type):**

|   |                                 |                |
|---|---------------------------------|----------------|
| <input type="checkbox"/> Municipal/Public Sewer   | Name of Supplier                |                |
| <input type="checkbox"/> Septic System (Requires Approval from the Department of Health)                                      |                                 |                |
| *Contact the Department of Health-Environmental Engineering Section at 954-412-7534   |                                 |                |
| <b>**Septic System Approval (This section is to be completed by the Florida Department of Health for Septic Systems only)</b> |                                 |                |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Denied | Permit Number: |
| DOH Employee Name   | Signature                       | Date           |

**SECTION 10 – OWNER/OPERATOR/AGENT SIGNATURE**

**I hereby certify that all the information I have provided is correct. I understand that if I failed to complete the plan review guide or submit the required supporting documents, my plan review will be delayed.**

|  |           |       |      |
|--|-----------|-------|------|
| Printed Name   | Signature | Title | Date |
| <b>***FOR OFFICE USE ONLY***</b>                                   |           |       |      |
| Plan Review Guide approved by:                                     |           |       | Date |
| <b><i>This facility has received a satisfactory inspection</i></b> |           |       |      |
| Environmental Specialist (Print)                                   | Signature | Date  |      |

*\*\*\*All construction is subject to the provisions of the South Florida Building Code, all local building codes, and any other jurisdictional authorities.*