

**Mission:**

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



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD. PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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## Instructions for Septic Tank Abandonment Permit Application

1. Application Form (DH4015 form attached)
2. Site Plan or sketch of the property showing location of septic systems.
3. Tank pump out receipt from a licensed waste hauler
4. \$50 fee (Credit Card Authorization form attached)

### How to Submit the Application

**Mail:**

**Environmental Engineering  
Box 13  
Florida Department of Health in Broward  
2421-A SW 6th Avenue  
Fort Lauderdale, FL 33315**

**E-mail:**

[BrowardEH@flhealth.gov](mailto:BrowardEH@flhealth.gov)



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## How to Make a Payment

**By mail:**

Mail check or credit card authorization form to:  
Florida Department of Health in Broward County  
Cashier's Office  
2421-A SW 6th Avenue  
Fort Lauderdale, FL 33315

**By fax:**

Fax the credit card authorization form to the  
cashier's office at: (954) 467-4898

**In Person:**

Pay by cash, check, or credit card to:  
Florida Department of Health in Broward County  
2421-A SW 6th Avenue  
Fort Lauderdale, FL 33315  
Cashier's Office at the "Permit" window on the 1st Floor  
Hours of Operation: Monday-Friday 8:00AM-4:00PM

**Online:**

at: [www.myfloridaehpermit.com](http://www.myfloridaehpermit.com)

Accepts MasterCard, electronic check (ACH), Discover, American Express, debit cards and prepaid cards.  
It will not accept VISA at this time.

**For billing and payment questions please call the cashier's office at (954) 375-6592**

\*\*\*Make checks payable to: **Florida Department of Health in Broward County**

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**Florida Department of Health Broward County**  
780 SW 24<sup>th</sup> Street, Fort Lauderdale, FL 33315  
PHONE: 954-467-4700 • FAX: 954-760-7798  
www.**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board



**APPLICANT:** Property owner's full name.  
**AGENT:** Property owner's legally authorized representative.  
**EMAIL:** Email address for applicant or agent.  
**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.

**OSTDS REMEDIATION PLAN:** Is the property subject to the requirements of an Onsite Sewage Treatment and Disposal System (OSTDS) Remediation Plan developed pursuant to 403.067(7)(a), Florida Statutes?

**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. County Health Department 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:** Area of lot in acres (square footage divided by 43,560 square feet). List only the square footage contained within the bounds of the legal description.

**WATER SUPPLY:** Check private or public  $\leq$  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:** Check residential or commercial.

**TYPE ESTABLISHMENT:** List type of establishment from Table I, Chapter 62-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office and number of occupants.

**NO. BEDROOMS:** Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants per 381.0065(2)(b), Florida Statutes.

**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 I, Chapter 62-6, 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 County Health Department 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.



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**CREDIT CARD AUTHORIZATION FORM**

Facility: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**TO: FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY**

We have taken an extra step to protect our clients from credit card fraud. An authorization form, filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_

Circle Type: **VISA**

**MASTERCARD**

**AMERICAN EXPRESS**

**DISCOVER**

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I AUTHORIZE BROWARD COUNTY HEALTH DEPARTMENT TO CHARGE MY ACCOUNT FOR THE FOLLOWING:**

Amount: \$ \_\_\_\_\_ and Service

If this is a renewal of BCHD License or Permit, Please print your Permit # 06 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FAX THIS FORM TO: (954) 467-4434 OR E-MAIL IT TO: BrowardEHCashier@flhealth.gov**

**Please make any updates to the renewal of your Broward County Health Department License or Permit.**

**Facility Name:** \_\_\_\_\_ **License/Permit#** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Location City, State, Zip** \_\_\_\_\_

**Location Phone:** \_\_\_\_\_ **Location Fax:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Owner/Manager/Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

