

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

Instructions for Septic System Repair Permit Application

Please review all attached documentation for further instruction prior to submittal.

1. Application Form (DEP 4015 form attached)
2. Site Plan (Site Plan Checklist Attached)
Repair permits need not be to scale. Please verify that all pertinent features are listed in detail (ex. Proposed 900g Septic Tank, Existing 750g Septic Tank, Proposed 500 sqft Bed Drainfield, Existing 225 sqft Trench Drainfield, etc.)
3. Existing System and System Repair Evaluation (DEP 4015 form attached)
4. Site Evaluation (Performed by an approved individual). Alternatively, the Department of Health can perform this for \$140 at time of submittal.
5. Broward County Property Appraiser page for the property. (BCPA.net)
6. Permitting Fees:
 - \$210 Permit Fee for Standard Systems
 - \$260 Permit Fee for Filled or Mound Systems
 - (See Attached Credit Card Authorization Form)

Submit the Application in Person to:

Onsite Sewage (2nd
Floor) Env. Engineering
Florida Department of Health in
Broward 2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

Submit the Application via Email to:

browardeh@flhealth.gov





**DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)**

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary [] _____

APPLICANT: _____ EMAIL: _____

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 OSTDS REMEDIATION PLAN? [~~Y~~ / ~~N~~]

LOT: BLOCK: SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

~~N~~] DISTANCE TO SEWER: FT PROPERTY ADDRESS: _____
 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / _____]

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: _____ DATE: _____

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.



DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: _____ AGENT: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: _____ ACRES

TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [TABLE I / OTHER]

AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

UNOBSTRUCTED AREA AVAILABLE: _____ SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQFT

BENCHMARK/REFERENCE POINT LOCATION:

ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES

SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? [] YES [] NO

WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT

BUILDING FOUNDATIONS: _____ FT PROPERTY LINES: _____ FT POTABLE WATER LINES: _____ FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO

10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

Table with 3 columns: MUNSELL #/COLOR, TEXTURE, DEPTH. Includes rows for depth (TO) and USDA SOIL SERIES.

SOIL PROFILE INFORMATION SITE 2

Table with 3 columns: MUNSELL #/COLOR, TEXTURE, DEPTH. Includes rows for depth (TO) and USDA SOIL SERIES.

DEPT. OF ENVIRONMENTAL PROTECTION WATER TABLE ELEVATION ABOVE [] BELOW [] (HEIGHT ABOVE REF.) [] (DEPTH BELOW REF.) [] PERCENT [] / [] AND [] PERCENT [] / []

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: _____ DEPTH OF EXCAVATION: _____ INCHES

DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, FAC

INSTRUCTIONS:

- PERMIT #:** Permit tracking number assigned by County Health Department.
- APPLICANT:** Property owner's full name.
- AGENT:** Property owner's legally authorized representative.
- LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.
- PROPERTY ID#:** 27-character number for property (property appraiser ID # or section/township/range/parcel number).
- PROPERTY SIZE:** Check if property size at site conforms to submitted site plan and legal description.
- NET USABLE AREA:** Record net usable area available per Rule 62-6.005(7)(c), F.A.C. Net usable area does not include paved areas and prepared road beds within public rights-of-way or easements and does not include surface water bodies. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions that would affect the operation of drainfield systems may be included.
- SEWAGE FLOW:** Record the total estimated sewage flow for the establishment from Chapter 62-6.008(1)(a) or (b), F.A.C. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gallons per day per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.
- UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 1.5 times as large as the drainfield absorption area and must meet minimum setbacks in Chapter 62-6, FAC. The unobstructed area must be contiguous to the drainfield.
- BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark for the most restrictive profile.
- MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non-applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.
- FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual siteelevation.
- SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.
- WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table (WSWT) elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present and list in comments. Indicate presence and depth of shallowest WSWT indicator.
- SOIL TEXTURE:** Record soil texture or loading rate for system sizing based on the most restrictive profile.
- DEPTH OF EXCAVATION:** If applicable record depth of excavation required based on the most restrictive profile. Record "NA" if not applicable.
- DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.
- ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. Dosing required and document any WSWT indicators.
- SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK OR REFERENCE POINT IS: _____			
BENCHMARK _____	SITE 1 _____	SITE 2 _____	SITE 3 _____		
[+] SHOT _____	H.I. _____	_____	_____	_____	_____
H.I. _____	[-] SHOT _____	H.I. [-] _____	_____	H.I. [-] _____	_____
_____	_____	SHOT _____	_____	SHOT _____	_____



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. _____

EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
[] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON / / BY , HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

EXISTING DRAINFIELD INFORMATION

[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [] BED []
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO NATURAL GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE I, 62-6, FAC
SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY []
NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []
FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
SYMPTOM: [] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

INSTRUCTIONS:

PERMIT #	Permit tracking number assigned by department.
APPLICANT	Property owner's full name.
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent.
LOT, BLOCK, SUBDIVISION	Legal description for property.
ID #	Property appraiser identification number for property.

EXISTING TANK:

TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank is BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outlet filter. If the tanks cannot be certified, note that fact in the remarks section.

EXISTING DRAINFIELD:

FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1.
TYPE OF SYSTEM	Mark appropriate block.
CONFIGURATION	Mark appropriate block.
DESIGN	Mark appropriate blocks.
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade.

FAILURE / REPAIR INFORMATION:

INSTALLATION DATE	Record year of original system installation.
TYPE OF WASTE	Mark appropriate block.
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table I, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.
SUBMITTED BY	Signature of person performing evaluation.
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.

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REPAIR SITE PLAN CHECKLIST (NOT REQUIRED TO BE DRAWN TO SCALE) showing:

- Property dimensions
- Fixed point of reference or benchmark location
- Soil Profiles within 5 feet of the drainfield or drainfield area (Minimum of 2 profiles)
- Setbacks to property lines, building foundations, potable water lines, private potable and non-potable wells, etc. (setbacks must conform to the site evaluation)
- Size of the existing and proposed septic tank (ex. Proposed 900 gallons Septic Tank, Existing 750g Septic Tank). Tanks can be within 2 tank sizes. 1 Tank Size = 150g. Minimum Tank is 600 gallons.
- The existing and proposed drainfield type shall be described, with the size and configuration, dimensions and unobstructed areas. Description: mineral aggregate/rock and pipe, non-mineral aggregate/rock and pipe, chambers, etc. Size: In square feet. Configuration: Bed or a Trench.

***If the residence was built prior to 1983 use Table VI and VII.

Table VI
Residential Sizing for Slightly Limited Soil

Bedroom(s)	Trench	Bed
1	75	100
2	150	200
3	225	300
4	300	400
Add per bedroom	75	100

Table VII
Residential Sizing for Moderately Limited Soil

Bedroom(s)	Trench	Bed
1	100	125
2	200	250
3	300	375
4	400	500
Add per bedroom	100	125

***Post 1983 drainfield size will follow the current rule criteria.

- The building location, water supply (private well or water meter), and potable water lines
- Any obstructed areas (patios, decks, parking area, or swimming pools)
- Any wells, Pre-1983 *minimum setback for potable is 50 feet, non-potable is 25 feet or original location, limited use is 100 feet, and public supply is 200 feet*
- Any wells, Post-1983 *minimum setback for potable is 75 feet, non-potable is 50 feet or original location, limited use is 100 feet, and public supply is 200 feet*
- Draw and label drainage features such as swales, ditches and retention or detention areas. That hold water for less than 72 hours. *Minimum setback is 15 feet from the high water line*
- The general slope of the property (if applicable)
- Any surface water bodies minimum setback is 50 feet if platted/built pre-1983, 75 if platted/built post-1983 (The department will set the mean annual flood line for all **not-tidally** influence surface bodies of water but all **tidally** influenced must be submitted with a survey showing the mean high waterline)



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Laundry Systems:

Where a residential laundry waste tank and drainfield system is used the minimum laundry waste: **Trench** drainfield absorption area for slightly limited soil shall be 75 square feet for a on or tow bedroom residence with an additional 25 square feet for each additional bedroom. If an absorption **Bed** drainfield is used the minimum drainfield area shall be 100 square feet with an additional 50 square feet for each additional bedroom over two bedrooms.

Bedrooms	Trench	Bed
2	75	100
3	100	150
4	125	200
5	150	250
6	175	300
7	200	350

Notes:

- The amount of drainfield installed during the repair shall not be less than the amount the system had prior to the repair.
- Ajaent/multiple drainfields minimum setbacks are 10 feet for a bed and 2 feet for a trench.
- Proposed drainfields exceeding 1000 total square feet shall be designed by a master septic tank contractor or a Professional Engineer and low-pressue dosed. If the drainfield is split into two drainfilelds equal in size but less than 2,000 total squre feet lift dosed is acceptable in lieu of a low-pressure dosed. Proposed drainfields exceeding 2000 total square feet shall be designed by a Professional Engineer and low-pressue dosed. Systems having more than 2000 square feet of drainfield shall have a minimum of two dosing pumps, with each pump serving a proportionate amount of the total required absorption area. The pumps shall dose alternately.

By checking off any applicable requirements and signing this form, you are acknowledging that all the information is complete on the site plan. Any missing or incorrect information may result in the delay of the permit issuance.

APPLICANT OR AUTHORIZED AGENT

DATE



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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:** _____ **Fax #:** _____ **PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

