

Private, Public and Charter School Application – Page 1

Instructions: Per Chapter 6A-2.0040 Florida Administrative Code (F.A.C.) and Section 1013.12 Florida Statute (F.S.), satisfactory inspections are required for all school buildings. To obtain an inspection: **(1)** Please complete pages 1 and 2 with the requested information; **(2)** Sign and date where indicated; **(3)** Submit these forms for review to: FL Dept. of Health – Volusia County, Environmental Health office, 1845 Holsonback Drive, Bin #118, Daytona Beach, FL 32117.

After application review, you will be notified of the Annual inspection fee based on the capacity of the facility. This fee is due prior to inspection. For questions, contact our office @ 386-274-0692.

Facility Information

Facility Name: _____

Address: _____

Facility Telephone #: _____ Fax #: _____

Facility Contact Person: _____ Email: _____

Owner Information

Name: _____ Phone #: _____

Email: _____ @ _____

Address: _____

The undersigned Applicant/Representative hereby attests that the information contained in this application is truthful and correct. The Applicant/Representative understands that any misrepresentation of the facts in this application and failure to provide requested information or comply with sanitary standards is grounds for denial or revocation of any approval based upon this application.

Name of Owner/Owner's Representative: _____
(please print or type)

Signature of Owner/Owner's Representative: _____

Date Signed: _____ Payment included: Yes _____ No _____

Delivery Method: US Mail _____ Overnight Carrier _____ Drop Off _____ Date: _____

For FDOH - Volusia Use Only

Date Received: _____ Application #: _____

Check Amount: _____ Check #: _____

Approved Date: _____ Denied Date: _____

Reviewed by: _____

Private, Public and Charter School Application – Page 2

Instructions: This page must be completed in its entirety and returned with page 1 and \$50 fee if a floor plan of the facility is available, we would appreciate a copy for the file.

Anticipated Student Enrollment: _____ Ages/Grades to be served: _____ / _____

Hours of Operation: Begin @: _____ AM / PM End @: _____ AM / PM

Sewage Disposal System

City, Municipal or Utility Name: _____

Septic System Permit #: _____ Septic Tank Size (gallons): _____ Drainfield Size: _____

For FDOH – Volusia Use Only

FDOH OSTDS Approval Issued by: _____ Date: _____ Copy Attached? Y / N

Additional Comments: _____

Drinking Water

City, Municipal or Water Utility Name: _____

Limited Use Well Permit # _____ or SDWA System Well Permit #: _____

For FDOH – Volusia Use Only

FDOH Engineering Approval by: _____ Date: _____ Copy Attached? Y / N

Additional Comments: _____

Food – Facility food service (check one)

_____ None (all food provided by parents) _____ Full Food Service (requires separate plan review)

_____ Pre-packaged snacks only _____ Catered Food

If "Pre-packaged snacks only" or "Catered" is checked, please describe the food service. Please list the types of foods you anticipate serving and/or who will be providing / catering the food:
