SCHOOL REQUIREMENT SHEET

Reason for Application: new facility  change of ownership  change to facility
(please circle)

This sheet must be completed for all new schools. If this is a change of ownership, you must also complete this
form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or
changes use.

DATE:_________ PROPOSED # OF CHILDREN:_______ PROPOSED # OF STAFF:_______

PROJECT NAME:________________________________________________________________________

ADDRESS:_____________________________________________________ZIP CODE: ________________

PERSON TO CONTACT:___________________________ PHONE #:_________________________

_______ Floor plans of school provided and drawn to scale. Scale must be shown on the floor plan.

_______ Utility bill showing sewer charges or letter of sewer connection provided.

If facility is on septic, answer next line.

_______ Facility is on septic. Must fill out Existing System Verification OR modify existing annual

operating if applicable?

_______ Water supply (public water or well)

_______ Plan Review fee & Annual Permit fee paid

_______ 1 toilet shown on floor plan for every 50 children.

_______ Separate restrooms shown on floor plan for boys, girls and faculty.

_______ 1 sink shown on floor plan for every 50 children.

_______ 1 water fountain shown on site plan for every 100 children.

_______ 1 mop sink shown on floor plan.

_Y / N_ Does the school require Physical Education? If yes, show location of showers.

_Y / N_ Does the school prepare food for the students or serve catered food? If yes, fill out the

appropriate section below.

Prepared food requires:                              Catered food requires:

_______ Three compartment sink in the kitchen

shown on floor plan.                              _____ Hand wash sink in the area where food is served

shown on floor plan.                              shown on floor plan.

_______ Hand wash sink in the kitchen shown

on floor plan.

Owner Signature & Date                         Representative
Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Vision: To be the Healthiest State in the Nation

ORANGE COUNTY HEALTH DEPARTMENT PLANS REVIEW ROUTING SHEET

DATE: ____________________ PLANS ROUTING NUMBER: ____________________
PAYMENT TYPE: ________ AMOUNT: ________; CHECK NUMBER: ________

Please note, the fee for plan review is $53 per hour. If your plan review requires additional time or requires revisions, you will be charged an additional $53 per hour before approval. Please sign below to acknowledge your understanding and acceptance of these conditions. By signing below, you are also certifying that the information provided is true and correct.

SIGNATURE: ____________________________________________   DATE: ________________

FACILITY NAME: ____________________________________________
FACILITY ADDRESS: ____________________________________________

BILLING ADDRESS: ____________________________________________

TYPE OF FACILITY: ____________________________________________ NUMBER OF EMPLOYEES: _________
NUMBER OF CLIENTS, STUDENTS, CUSTOMERS OR SEATING CAPACITY: ______________________
METHOD OF SEWAGE DISPOSAL: ______________________ WATER SUPPLY: ______________________

PERSON TO CONTACT: ______________________ PHONE #: ______________________

FOR OFFICE USE ONLY

UTILITY REVIEWER: ______________________ DATE: ________________
REMARKS: ____________________________________________ APPROVAL STAMP

____________________________________________________
____________________________________________________

SIGNATURE: ____________________________________________

FACILITY REVIEWER: ______________________ DATE: ________________
REMARKS: ____________________________________________

____________________________________________________
____________________________________________________

SIGNATURE: ______________________

Revised: 08/11/16
APPLICATION FOR A SANITATION CERTIFICATE / PERMIT
Specific Authority: Chapter 381, FS

NAME OF FACILITY:_________________________________________________________________

ADDRESS OF FACILITY:________________________________________________________________

BILLING ADDRESS:_________________________________________ ZIP CODE: _______________________

OWNERS NAME:_____________________________________________________________________________________

OWNER ADDRESS:______________________________________________________________________________________

OWNER’S PHONE NUMBER:__________________________ BUSINESS PHONE NUMBER:______________________

TYPE OF FACILITY:__________________________ IS FOOD SERVED? YES ☐ NO ☐

PLEAS E FILL OUT A FACILITY DETAIL SHEET FOR ALL REQUIRED PERMITS AND CERTIFICATES

__________________________________________
COMMENTS / SPECIAL INSTRUCTIONS:__________________________

__________________________________________

The undersigned owner/owner’s representative, hereby agrees to operate the permitted facility described in this application in accordance with the requirements of Chapter 381 FS and all applicable Florida Administrative Codes. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with the sanitary standards of all applicable Florida Administrative Codes is grounds for denial or revocation of all permits and sanitation certificates.

__________________________________________
SIGNATURE, OWNER / OWNER’S REPRESENTATIVE ________________________ DATE

__________________________________________
FOR OFFICE USE ONLY

INITIAL INSPECTION OF FACILITY:__________________________ APPROVED or DISAPPROVED:__________________________

DATE ________________________ (circle one) DATE ________________________

__________________________________________
SIGNATURE, INSPECTOR ________________________ PRINT NAME, INSPECTOR ________________________

Revised 08-11-16

Florida Department of Health in Orange County
Division of Environmental Health
1001 Executive Center Drive, Orlando, FL 32803
PHONE: 407/858-1497 • FAX 407/228-1468 or 407-228-1467
http://orange.floridahealth.gov