



INNOVATIVE ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
TEMPORARY PERMIT APPLICATION

Applicant Name (Last, First, M.I. or Business Name) Phone # ()

Fax # ()

Applicant Mailing Address: (Business name)

(Street Address or P.O. Box) (City) (State) (Zip)

1. List name, type and model number of innovative system or product (Attach by addendum).

2. Supply the following minimum information:

- A) Research and development studies;
B) Results of previous testing;
C) Design and installation criteria;
D) Performance and reliability data;
E) A disinterested third party certifier report, or a Florida Registered Engineer report;
F) Copy of system or product warranty.

3. If the above information is not available or determined to be insufficient by the department and a temporary permit is issued for further testing and monitoring then a fee in an amount not to exceed \$25,000.00 as authorized under section 381.0066, Florida Statutes, will be agreed upon prior to application approval. This fee covers the department's cost associated with the performance evaluation of the innovative system or product.

Applicant signature or authorized representative of applicant, if applicant is other than an individual:

Title: Date:

DEPARTMENTAL USE ONLY

- 1) Application Number:
2) Application Received By: Date:
3) Reviewed By: Date:
4) Additional Information Requested..... Y/N Date:
Information Needed:
5) Application Complete Y/N Date:
Application Approved..... Date:
7) Temporary Permit Issued..... Y/N Date:
8) Application Denied Date:
Reason for Denial:

Reviewed By: Date:

Title: