



**WASTEWATER AND SEWAGE DISPOSAL COMPLIANCE PERMIT**

FOR ALL PROPERTIES IN INDUSTRIAL ZONING DISTRICT(S)

TO BE COMPLETED BY APPLICANT:

NAME OF BUSINESS: \_\_\_\_\_

OWNER OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

GENERAL LOCATION: \_\_\_\_\_

USE OF PROPERTY: \_\_\_\_\_

MANUFACTURED OR PROCESSED PRODUCT: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER: \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF LAKE**

The foregoing instrument was acknowledged before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print or Type Notary Name

\_\_\_\_\_  
Commission (serial) Number:

\_\_\_\_\_  
My Commission Expires:

**TO BE COMPLETED BY ENVIRONMENTAL HEALTH & PLANNING & COMMUNITY DESIGN:**

ZONING: MP LM CP HM M1  
(Circle One)

LAND USE: EMPLOYMENT CENTER

USE PERMITTED IN DISTRICT: \_\_\_\_\_ YES \_\_\_\_\_ NO

PLANNING & COMMUNITY DESIGN: \_\_\_\_\_  
(Signature)

ENVIRONMENTAL HEALTH DEPARTMENT: \_\_\_\_\_  
(Signature)

DATE OF ISSUE: \_\_\_\_\_