



# Department of Growth Management Wastewater and Sewage Disposal *Compliance Permit*

FOR ALL PROPERTIES WITHIN INDUSTRIAL ZONING DISTRICT(S)

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 Staff:	
ZONING: ____MP ____LM ____CP ____HM ____M1	Future Land Use Category:: _____
USE PERMITTED IN DISTRICT: ____ YES ____ NO	
PLANNING & COMMUNITY DESIGN: _____	(Signature)
ENVIRONMENTAL HEALTH DEPARTMENT: _____	(Signature)
DATE OF ISSUE: _____	