



FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY
 Environmental Health Services
 2725 Judge Fran Jamieson Way, Suite A116
 Viera, Florida 32940-6605
 PHONE: 321/633-2100 FAX: 321/633-2163
 www.BrevardEH.com

Log Number _____

SITE PLAN REVIEW REQUEST

Owner Name: _____ Date of Request: _____

Owner Phone: _____

Property Address: _____

Contractor Name (if applicable): _____

Contractor Phone Number (if applicable): _____

Contractor Address (if applicable): _____

Please check the box next to the reason(s) for the plan review. If the reason for the plan review is not listed below check other and specify.

- Construction of Swimming Pool/Spa
- Deck/Porch/Patio Installation or concrete slabs
- Shed Installation
- Detached garage with no plumbing fixtures
- Other: _____

The information on this request and site plan is accurate to the best of my knowledge. If the information on this request and/or site plan is found to be false, the department's no-objection determination of the site plan will be considered null and void. I acknowledge that a no-objection determination of the proposed plan by the Florida Department of Health – Brevard County does not constitute verification and/or accuracy of the information provided and **does not** guarantee approval from any other agency.

 Owner/Representative Signature

 Date

For Office Use Only

Log Number Assigned to Request _____

Latest OSTDS Permit Number (if applicable) _____

Amount Paid: _____ Type of Payment Received: Cash
 Check # _____
 Money Order # _____
 Credit Card Approval # _____