



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

Log Number \_\_\_\_\_

SEPTIC SITE PLAN REVIEW REQUEST FOR  
ACCESSORY STRUCTURES

Owner Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

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Contractor Name (if applicable): \_\_\_\_\_

Contractor Phone Number (if applicable): \_\_\_\_\_

Contractor Address (if applicable): \_\_\_\_\_

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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

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**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 # \_\_\_\_\_