INDIAN RIVER COUNTY INTERNAL STRUCTURE MODIFICATIONS

(TO BE COMPLETED BY APPLIC	CANT)		
DATE:			
Applicant's Name	Address	Daytime Phone Number	_
Owner's Name	Address	Daytime Phone Number	_
Site Address		Project Name	
Tax Ider	tification Number or (Parcel Identification	cation Number)	
Existing Use/Name of Tenant and TPLANNING DEPARTMENT:	Type of Business (*): IF SPACE IS V	/ACANT, A SIGN-OFF IS REQUIR	RED BY THE
Proposed Use:			_ _
Description of Modification:			
Charles and a single second of			
Check the appropriate space for the			
	VILL NOT Add Building Area		
If you checked "WILL", w	that is square foot increase in buildin	g area: sq ft	
2. WILL	WILL NOT Change the Use of	the Existing Building	
	n number one or two above, then you w your project with a Current Develo		
Date:	Planner:		
Comments:			
ACKNOWLEDGEMENT:			
I hereby acknowledge that Indian R zoning compliance for the proposed	iver County staff is relying on the ac project.	curacy of the above information to do	etermine site plan and
Applicant's Signature	_		

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY

ATTENTION

BUILDING PERMIT APPLICATIONS ON PROPERTIES SERVED BY A SEPTIC SYSTEM

The Health Department must review and approve your plan before your building permit can be issued.

To **expedite** this process, please indicate the location of the septic tank, drainfield, and any well on your site plan, along with the proposed improvement. This includes building applications for pools, detached garages, and additions.

Residential building additions may require modification of the existing septic system.

QUESTIONS?

Call the Indian River County Environmental Health office at 772-794-7440, or stop by our office at 1900 27th Street (across the street).

