

**Mission:**

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



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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**OKALOOSA COUNTY HEALTH DEPARTMENT  
810 EAST JAMES LEE BLVD.  
CRESTVIEW, FL 32539  
850-689-7859**

**LOT SPLIT REQUIREMENTS  
Effective 7/1/2021**

- 1) **COMPLETED APPLICATION FORM/OR APPLICATION FOR CONCURRENCY COMPLIANCE & DEVELOPMENT ORDER REVIEW FROM DEPARTMENT OF GROWTH MANAGEMENT.**
- 2) **MUST PROVIDE A SCALE DRAWING OF ENGINEER SURVEY/PLOT PLAN. ONE OF PARENT PROPERTY AND ONE SHOWING RESULTING PARCELS.**
- 3) **LEGAL DESCRIPTION (property ID number).**
- 4) **PROOF OF OWNERSHIP (deed, property tax card, closing statement, etc.)**
- 5) **RETENTION POND LETTER FOR ANY RETENTION PONDS. LETTER FROM ENGINEERING STATING DRAW DOWN TIMES OF RETENTION PONDS.**

**THE COST FOR A SUBDIVISION ANALYSIS IS \$23.00 PER LOT IN SUBDIVISION WITH A MINIMUM REQUIREMENT OF \$115.00**

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**Florida Department of Health**

in OKALOOSA COUNTY  
810 East James Lee Boulevard, Crestview, Florida 32539  
PHONE: 850/689-7808 • FAX 850/689-7872  
[www.healthyokaloosa.com](http://www.healthyokaloosa.com)



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**APPLICATION FOR LOT SPLIT**  
**Fee is \$115.00 minimum or \$23.00/lot (if greater than 5 lots)**

The undersigned applicant hereby makes application for a conceptual septic tank approval during subdivision of property:

APPLICANT: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PARENT PARCEL INFORMATION**

LEGAL DESCRIPTION (PROPERTY TAX ID#): \_\_\_\_\_

CURRENT PROPERTY ADDRESS: \_\_\_\_\_

TOTAL ACREAGE (ENTIRE PARCEL): \_\_\_\_\_

- ACREAGE – LOT #1 \_\_\_\_\_
- ACREAGE – LOT #2 \_\_\_\_\_
- ACREAGE – LOT #3 \_\_\_\_\_
- ACREAGE – LOT #4 \_\_\_\_\_
- ACREAGE – LOT #5 \_\_\_\_\_

Driving Direction to Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well

SEWAGE DISPOSAL: \_\_\_\_\_ Septic Tanks \_\_\_\_\_ Sewer System

**Applicant must provide to scale drawings, or survey, of the parent parcel and a second to scale drawing showing all resulting parcels. These drawings must include dimensions of the parcels and any features that are currently found on, or adjacent to, the property. Features needed include surface water, buildings, roads, wells, and any other obstructions.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For Department Use Only</b>		
EHD Permit # _____	Date Paid _____	Amount Paid _____