

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

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

**SUBDIVISION ANALYSIS 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.**
- 3) LEGAL DESCRIPTION (property ID number).**
- 4) PROOF OF OWNERSHIP (deed, property tax card, closing statement, etc.)**
- 5) RETENTION PONDS - LETTER FROM ENGINEER - STATING DRAW DOWN TIMES OF RETENTION PONDS.**
- 6) PLACE A FLAG AT ENTRY FOR NEW SUBDIVISION – IF FENCED OR GATED PROVIDE LOCATION AND ACCESS**

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

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APPLICATION FOR SUBDIVISION ANALYSIS
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: _____

SPECIFIC DRIVING DIRECTIONS TO PROPERTY: _____

RESULTING PARCEL INFORMATION

NAME OF SUBDIVISION: _____

PROPOSED LOTS _____

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 including lot size in acreage 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. Include Draw Down Times for Retention.**

Applicant Signature _____

Date _____

For Department Use Only

EHD Permit # _____ Date Paid _____ Amount Paid _____