



Rick Scott
Governor

ORANGE COUNTY HEALTH DEPARTMENT PLANS REVIEW ROUTING SHEET

DATE: _____ PLANS ROUTING NUMBER: _____

PAYMENT TYPE: _____ AMOUNT: _____ CHECK NUMBER: _____

Please note, the fee for plan review is \$49 per hour. If your plan review requires additional time or requires revisions, you will be charged an additional \$49 per hour before approval. Please sign below to acknowledge your understanding and acceptance of these conditions. By signing below, you are also certifying that the information provided is true and correct.

SIGNATURE: _____
DATE: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

BILLING ADDRESS: _____

TYPE OF FACILITY: _____ NUMBER OF EMPLOYEES: _____
NUMBER OF CLIENTS, STUDENTS, CUSTOMERS OR SEATING CAPACITY: _____

METHOD OF SEWAGE DISPOSAL: _____ WATER SUPPLY: _____

PERSON TO CONTACT: _____ PHONE #: _____

FOR OFFICE USE ONLY

UTILITY REVIEWER: _____ DATE: _____

REMARKS: _____ APPROVAL STAMP

SIGNATURE: _____

FACILITY REVIEWER: _____ DATE: _____

REMARKS: _____

SIGNATURE: _____

