



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

## BIOMEDICAL WASTE PERMIT REQUIREMENTS

This sheet must be completed for all new facilities. If this is a change of ownership or location you must also complete this form. Biomedical Waste permits are non-transferable. An inspection must be performed prior to opening of the facility.

DATE: \_\_\_\_\_

PROPOSED # OF STAFF: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\_\_\_\_\_ 49 dollars payable to OCHD for initial plan review fee.

\_\_\_\_\_ Utility bill showing sewer charges or letter of sewer connection provided.  
If facility is on septic, please answer next line.

\_\_\_\_\_ Facility is on septic. Must fill out Existing System Verification or modify existing annual operating permit if applicable. (Additional fees will apply for septic)

\_\_\_\_\_ Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.

\_\_\_\_\_ Is facility on city water or well? (Please circle one) If on well, please supply permit.

\_\_\_\_\_ Complete biomedical waste application ( A permit fee will apply. If on septic or well, please do not submit biomedical waste application at this time . You will be notified once septic or well has been approved).

Red bags and sharps container in every room that handles sharps and biomedical waste

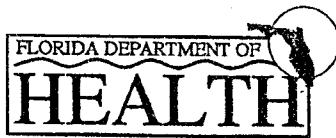
\_\_\_\_\_  
Signature, Owner / Owner's Representative

\_\_\_\_\_  
Date

Orange County Health Department  
800 N Mercy Dr.#1., Orlando Florida 32808  
*"Promote, protect and improve the health"*



Environmental Health Phone (407) 521-2630  
Fax (407) 445-7493 Website – [www.orchd.com/evh](http://www.orchd.com/evh)  
*of all people in Orange County Florida*



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**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: \_\_\_\_\_

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