



Florida Department of Health
DeSoto County Health Department
Environmental Public Health Program

OSTDS Site Information Documentation Form

This form must be returned to the DeSoto County Health Department with your completed application.

Name of Applicant: _____ Date: _____

Application Permit Number: _____

For Existing Repairs: When was the home built? _____ Occupied by a tenant? _____

Table with 3 columns: Question, YES (Show on Site Plan), NO. Contains 14 questions regarding site plan requirements like sewer availability, zoning, pool plans, etc.

IMPORTANT The size and location of all buildings are required to be drawn on the site plan. Please complete this information before submitting the application for an OSTDS permit.

Signature of Applicant: _____ Date: _____