

CITY OF APOPKA
WELL PERMIT APPLICATION

407-703-1713 Phone - - 407-703-1791 Fax - - 407-703-1815 Automated Inspection Line

Date: _____ Parcel ID#: _____ Permit # _____

Description of Work: _____ Cost: \$ _____

Building Permit: \$ _____ Plan Analysis Insp.: \$ _____

Records Retention Fee: \$ _____ Radon Surcharge: \$ _____

TOTAL PERMIT FEE: \$ _____

Property Owner Address Telephone

Business Name Address Telephone

Permit Address: _____

Legal Description: _____ Subdivision: _____

State of Florida Cert.: _____ Class A _____ Class B _____ Class C _____ Class D _____

Electrical Contractor: _____ License #: _____

Method of drilling: Cable Tool _____ Rotary _____ Jet _____ Other _____

Well size: Deep Well _____ Shallow Well _____ Depth of Well _____

Pump to be installed: _____, pump HP _____ Pump Size _____ Pump Type _____

Purpose of Well: _____

This permit is subject to additional Orange County Health Department requirements. It is the applicant's responsibility to comply with all State, County, and City requirements.

****Electrical permit is required.**

Health Permit #: _____

This Well will be in compliance with all laws. Cross connections with public water system is **PROHIBITED**.

I certify to the City of Apopka that this Well is for my own personal use and I will not supply water to anyone else, and will abide by all local and state regulations.

Contractor Signature: _____ License # _____

Owners Signature: _____

Building Approval: _____ Public Services Dept. Approval: _____

Permit Issued by: _____ Date: _____