



**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 & Inspection(s):	\$	Administrative Processing Fees:	\$		
Records Retention Fee:	\$	Radon Surcharge:	\$	TOTAL PERMIT FEE:	\$		
Property Owner:						Phone:	
Address:				State:		Zip:	
Contractor/Company Name:						Phone:	
Address:			State:		Zip:	License #:	
Permit Address:							
Legal Description:				Subdivision:			
State of Florida Certification:		Class A <input type="checkbox"/>		Class B <input type="checkbox"/>		Class C <input type="checkbox"/>	Class D <input type="checkbox"/>
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 the 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.

**** An Electrical Permit is required.**

Health Permit # _____

THIS WELL WILL BE IN COMPLIANCE WITH ALL LAWS. CROSS CONNECTIONS WITH THE 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 #	
Owner's Signature			
Building Approval:		Public Services Dept. Approval:	
Permit Issued by:			Date: