



Office of Planning and Zoning Wastewater and Sewage Disposal *Compliance Permit*

FOR ALL PROPERTIES WITHIN INDUSTRIAL ZONING DISTRICT(S)

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

MAILING ADDRESS: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

GENERAL LOCATION: _____

USE OF PROPERTY: _____

MANUFACTURED OR PROCESSED PRODUCT: _____

NUMBER OF EMPLOYEES: _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER: _____

**STATE OF FLORIDA
COUNTY OF LAKE**

The foregoing instrument was acknowledged before this ____ day of _____, 20__ by _____ who is personally known to me or who has produced _____ as identification and who did _____ or did not _____ take an oath.

(SEAL)

Notary Public (Signature)

Print or Type Notary Name

Commission (serial) Number: _____

My Commission Expires: _____

To be completed by Staff:

ZONING: ____MP ____LM ____CP ____HM ____M1 Future Land Use Category:: _____

USE PERMITTED IN DISTRICT: ____ YES ____ NO

PLANNING & COMMUNITY DESIGN: _____
(Signature)

ENVIRONMENTAL HEALTH DEPARTMENT: _____
(Signature)

DATE OF ISSUE: _____