



**SITE PLAN REVIEW REQUEST**

Log Number \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor Name (if applicable): \_\_\_\_\_

Contractor Phone Number (if applicable): \_\_\_\_\_

Contractor Address (if applicable): \_\_\_\_\_

Please check the box next to the reason(s) for the plan review. If the reason for the plan review is not listed below check other and specify.

- Construction of Swimming Pool/Spa
- Deck/Porch/Patio Installation or concrete slabs
- Shed Installation
- Detached garage with no plumbing fixtures
- Other: \_\_\_\_\_

The information on this request and site plan is accurate to the best of my knowledge. If the information on this request and/or site plan is found to be false, the department's no-objection determination of the site plan will be considered null and void. I acknowledge that a no-objection determination of the proposed plan by the Brevard County Health Department does not constitute verification and/or accuracy of the information provided and **does not** guarantee approval from any other agency.

Owner/Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Log Number Assigned to Request \_\_\_\_\_

Latest OSTDS Permit Number (if applicable) \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Type of Payment Received:  Cash

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Credit Card Approval # \_\_\_\_\_



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