



APPLICATION FOR POTABLE WATER SUPPLY OPERATING (PWO) PERMIT

I. FACILITY INFORMATION:

DERM PERMIT ID #: FACILITY FOLIO #:

FACILITY NAME:

FACILITY ADDRESS:

CITY: ZIP:

PROPERTY OWNER NAME:

OWNERSHIP SINCE:

ON-SITE MANAGER OR CONTACT PERSON:

CONTACT PHONE NUMBER:

LICENSED PLANT OPERATOR NAME:

LICENSE NUMBER:

II. APPLICANT INFORMATION:

APPLICANT NAME: (FIRST, MIDDLE, LAST):

APPLICANT MAILING ADDRESS:

CITY: ZIP:

TELEPHONE NUMBER: FAX:

E-MAIL:

III. CERTIFICATION:

The undersigned owner of the above property is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of the applicant's knowledge and belief. Furthermore, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Miami-Dade County Code, and all applicable state and federal rules and regulations. The applicant also understands that a permit, if granted by the Department, will be non-transferable and the applicant will promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

owner's signature

print name and title

STATE OF FLORIDA, COUNTY OF MIAMI-DADE:

SS:

Before me, a Notary Public duly qualified under the laws of the State of Florida to administer oaths, personally appeared _____ . Being by me duly sworn, deposes and says that he (she) has read the foregoing application signed by him (her) and knows the contents thereof, and that the same is true of his (her) own knowledge.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____ A.D., (year) _____, at Miami, Dade County, Florida.

Notary Public State of Florida at Large
My Commission Expires: _____