

Instructions for DEP 4015A Property Owner's Notice Authorizing Private Provider Inspector

All information must be legible. Form DEP 4015A must be signed by the property owner and completed by either the property owner or an authorized contractor. Form DEP 4015A and the owner's written acknowledgment must be signed, dated, and effective prior to the first inspection performed by the Private Provider Inspector. Amendments to Form DEP 4015A must be submitted on a separate DEP 4015A form.

Part 1 – Applicant Information

Item	Instructions
Property Owner Name, Email and Phone	Property owner's full name, email address and telephone number.
Authorized Contractor (if applicable) Name, Email and Phone	A legally authorized contractor for purposes of hiring one of the listed Private Provider Inspectors per subsection 381.0065(8), F.S. Provide name, email and telephone number.

Part 2 – Property Information

Item	Instructions
Property Address, City, State and Zip Code	Property street number and street name, city, state and zip code.
Application No. (if known)	Construction application number assigned by Department.
Lot, Block, Subdivision, Unit	Lot, block, subdivision and unit for property (recorded or unrecorded subdivision).
Section, Township, Range, Parcel No.	Section, township, range and parcel/tax ID number for property. Parcel/tax ID is a 27-digit number for property (property appraiser ID number).

Part 3 – Request (SELECT ONE)

Item	Instructions
Initial Authorization	Select this item if this is the first request to use a Private Provider Inspector. Fee required.
Rescind Authorization	Select this item to withdraw an authorization to use a Private Provider Inspector and instead request that the Department conduct construction inspection(s). No fee required.
Amend Authorization	Select this item to change the current Private Provider Inspector listed in a previous Notice. No fee required.
Printed Property Owner Name, Signature and Date	If request is to rescind authorization, the property owner must print their name, sign and date the form. Submit completed form to the Department.

Part 4 – Authorized Licensed or Certified Private Provider Inspector(s)

Provide the following information for each Private Provider Inspector authorized and acknowledged by the property owner or authorized contractor to inspect the construction of the Onsite Sewage Treatment and Disposal System. If necessary, submit additional sheets signed and dated by the property owner.

Note: The inspection cannot be performed by a Private Provider Inspector or authorized representative of the Private Provider Inspector who installed the Onsite Sewage Treatment and Disposal System for this property (subsection 381.0065(8), F.S., and Rule 62-6.024, F.A.C.)

Item	Instructions
Private Provider Inspector and Business Name	Name of authorized Private Provider Inspector and their business name.
Email and Phone	Private Provider Inspector email address and telephone number.
Mailing Address, City, State and Zip Code	Street number, street name, city, state and zip code of mailing address for Private Provider Inspector business.
Qualification Type	Select the qualification(s) of the Private Provider Inspector. Select all that apply. <ul style="list-style-type: none">• Environmental health professional certified under Section 381.0101, F.S.• Master septic tank contractor registered under Part III of Chapter 489, F.S.• Professional engineer licensed under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.• Working under the supervision of a licensed professional engineer under Chapter 471, F.S., and have passed all parts of the Onsite Sewage Treatment and Disposal System Accelerated Certification Training.
Professional Certification/ Registration/ License No.	Number identifying the professional license/certification number issued to the private provider inspector. For certified environmental health professionals, provide the certification number issued by the Florida Department of Health. For master septic tank contractors, provide the registration number issued by the Florida Department of Environmental Protection. For engineers, provide the license number of the professional engineer issued by the Florida Board of Professional Engineers. For engineer employees, provide the license number of the supervising professional engineer.
Department Registry No. (if known)	Department of Environmental Protection's registry number issued per paragraph 62-6.024(4)(b), F.A.C.

Part 5 – Property Owner Acknowledgement

Item	Instructions
Printed Property Owner Name, Signature and Date	Property owner's attestation acknowledging their option to use a Private Provider Inspector. Property owner must print their name, sign and date the form. Submit to the Department the completed form and required fees.

Part 6 – Department Review - TO BE COMPLETED BY THE DEPARTMENT

Item	Instructions
Submittal Date, Amount Paid and Receipt No.	Date form submitted to the Department. Fee amount paid and Department issued receipt number.
Application No.	Application for construction permit number assigned by Department.
Authorization Request	Select whether the requested authorization is initial, amended or rescinded.
Review Results	Select whether the request is approved or disapproved. Provide reason for disapproval.
Department Reviewer Name, Signature, Department and Date	The Department reviewer must print their name, provide signature, indicate the associated office of the reviewer, date the form and add Form DEP 4015A to the construction permit file.