



APPLICATION FOR WATER AND/OR SEWER AVAILABILITY

300 N. Park Avenue, Sanford FL 32771 P.O. Box 1788 Sanford, FL 32772-1788 407-688-5090 Office 407-688-5091 Fax

1. APPLICANT

NAME: _____
(Applicant) (Owner)

ADDRESS: _____ TELEPHONE: _____

2. PROPERTY

STREET ADDRESS: _____

Parcel ID #: _____

Has the site plan been approved by the Planning Board? _____ If yes, when? _____

3. PROPOSED DEVELOPMENT

What is the property to be used for? _____
(Type of Use)

If commercial use, please give information on water and sewer flow requirements:

_____ (FLOW/G.P.D.)

4. CERTIFICATION

I certify that to the best of my knowledge that all information supplied with this application is true.

(Print Name) (Signature)

FOR CITY USE ONLY:

FEE SUMMARY

Water Impact Fees	\$ _____	Water Meter	\$ _____	Sewer Tap	\$ _____	RC Meter	\$ _____
Sewer Impact Fees	\$ _____	Meter Tap	\$ _____	Street Cut	\$ _____	Meter Tap	\$ _____
Other	\$ _____	Road Bore	\$ _____			Road Bore	\$ _____

Water Line Depth _____ Ft RC Line Depth _____ Ft Sewer Line Depth _____ Ft

ADDITIONAL INFORMATION:

PROPERTY STATUS: NEW STRUCTURE () EXISTING STRUCTURE () STRUCTURE DEMOLISHED ()

APPROVED BY:

(UTILITIES ENGINEER OR OPERATIONS COORDINATOR)

(DATE)