

UTILITY PERMIT Application

FOR OFFICIAL USE ONLY						
PERMIT#						
DATE			CLERK			
\square WTR		SWR	□IRR		RECONNECTION	
□CONTRACTOR □OWNER/BUILDER						

	P	ROPERTY INFO	RMATION		
Property Owner :					
Site Address :			Block/Lot#:		
Phone:			Strap:		
Email :					
	CONTR	ACTOR/OWNER	RINFORMATION		
Contractor/Owner:		License Holder's Name:			
Mailing Address:			City License #:		
City:	State: Zip:		State License #:		
Phone:			Fax:		
Email:					
ware of the provisions of the Home ccurate, the city has been advise egulating construction and zoning egulations, and ordinances, as well EES, IMPACT FEES, CAPTIAL EXPlease be aware that the permittee amage, including replacement of department of the company of the provided in the pro	ebuyers Protection of all easemer g. I acknowledge as the payment of CPANSION FEES, is responsible for amaged bioswale DAVIT: I certify the construction and zo	n Act. As the Owner/Conts on the property and accept response of all legally constituted, AND CIAC FEES. If any damage to City is media, must be repaired at all the foregoing informing.	specified in the application. I have also made the owner/agent ontractor (circle one), I certify that all the foregoing information is ad all work will be done in compliance with all applicable laws sibility for compliance with the current Florida Building Code, if fees regarding this development application, including, PERMIT infrastructure, including the roadside swales, pavement, etc. All ed prior to final inspection and closure of the permit. The permation is accurate and that all work will be done in compliance in the day of, 20		
NAME (PLEASE TYPE OF	,	SIGNA	TURE OF OWNER/ CONTRACTOR E NOTARIZED)		
STATE OF	, COUNTY OF				
Sworn to (or affirmed) and s			of, 20, by		
as identification.					
		Exp. Date: Signature of Notary P	Commission Number:		
			n/ Public:		