

City of Punta Gorda, Florida

Billing and Collections Department 126 Harvey Street Punta Gorda, Florida 33950 941-639-2528

APPLICATION FOR UTILITY SERVICE

All Applications for Utility Service are to be mailed and/or delivered in person ONLY. <u>FAXES will NOT be accepted.</u>

Applicant MUST provide a copy of the CHARLOTTE COUNTY TAX RECORD Statement and a COPY OF PLOT PLAN. Failure to provide this information will delay your request.

Upon approval of service the Billing and Collections department will notify you of the total cost of impact fees. All payments of fees are to be made out to the City of Punta Gorda. No work will be performed until payment is received. Upon receipt of payment the billing office will generate a work order to set the meter. See Condition of service below.

PLEASE NOTE: New meter installs will take approximately six (6) to eight (8) weeks from the date of approval and/or date of payment received.

AS A CONDITION OF SERVICE THE APPLICANT AGREES TO:

- 1. Pay the required meter installation fee, tapping charges, utility deposits, inspection fee and utility agreement fee (if applicable) to the City of Punta Gorda Customer Service Department located at **126 Harvey Street**.
- 2. Comply with all existing City of Punta Gorda Ordinances and FDEP (Florida Department of Environmental Protection) rules pertaining to the construction and use of Public Utilities.
- 3. Install a grease interceptor (if applicable) and have interceptor pumped out on a quarterly basis and maintain record of pumping, notify Pre-Treatment Coordinator at (941) 575-3339 for inspection, prior to start up.
- Provide a plot plan of property to be served and to have property corner marked within three (3) days of payment of required fees.
- 5. The applicant agrees that if said service connection required unusual depth or length due to extremely deep swales, obstructing driveway and drainage culverts, or conflicts with existing utilities: Applicant will pay an additional fee for extra labor and materials expense. This fee will be based on actual cost and shall not exceed \$300.00.
- Please

 Initial

 6. NOTICE TO CONTRACTOR/APPLICANT: A Backflow Preventer Assembly shall be installed prior to utility setting a meter. Notify Cross Connection Control Coordinator at 941-575-5091 for inspection of Backflow Preventer Assembly. Backflow Preventer Assembly shall be tested annually. NOTE: Utility Meter will NOT be installed without a Backflow Preventer Assembly.
- Please Initial 7. NOTICE TO CONTRACTOR/APPLICANT: Final Grade for the Meter and Meter Box is the responsibility of the Contractor. New meter installation(s) will be completed within six (6) to eight (8) weeks from date of utility approval and payment of fees.

NOTE: I have read and agree to the terms and provisions of this application.

Print Name (REQUIRED)

Applicant's Signature

Date

SECTION I TO BE COMPLETED BY APPLICANT (PLEASE PRINT CLEARLY)

Applicant's Name: Phone #: (Applicant must attach a copy of Charlotte County Tax Record Statement)				
Address requesting Utility Service:			·	
Parcel ID:				
Applicant's Mailing Address:				
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Request for: 🗌 Water Only 📄 Sewer Only 📄 Water and Sewer				
Water Meter Size Desired (check one): $3^{4''}$ $1''$ $1''$ $2''$ $3''$ $4''$ $6''$				
No. of Water Meter(s) Requested: Utility connection shall serve Equivalent Residential Units. (Number)				
Utility Connections are for (check one): Residential	Non Residential	(rtamber)		
If connection is for Non Residential, please specify type:				
If connection is for Restaurant or Food Service specify	seating capacity:			
SECTION II – UTILITY AVAILABILITY AND SPECIFIC REQUIREMENTS (TO BE COMPLETED BY UTILITIES)				
WATER AVAILABILITY:	🗌 Yes	🗌 No		
SEWER AVAILABILITY:	🗌 Yes	🗌 No		
Backflow Prevention Assembly:	☐ Yes	🗌 No		
Type: FEBCO 825Y OR SIMILA	<u>R</u>			
Testing Frequency:				
Grease Interceptor	☐ Yes	🗌 No		
Туре:				
Pump-Out Frequency:	_			
Signed by Utilities	Date			
SECTION III (TO BE COMPLETED BY CUSTOMER SERVICE) Contribution in Aide of Construction \$				
Water Capacity Fee	\$			
Wastewater Capacity Fee	\$			
Inspection Fee	\$			
Meter Installation Fee	\$			
Total Cost	\$			
TOTAL AMOUNT RECEIVED \$		Check #	☐ Cash ☐ Ot	her
Signed – Customer Service	Date			