Utility Project Information Form

(To be used for new projects with construction or reservation of capacity.)

Port St. Lucie Utility Systems Department

Telephone: (772) 873-6400 Email: UtilEng@cityofpsl.com

Check all Items Submitted:

☐ 1. This form fully complete and signed by PROPERTY OWNER
   ☐ A. If you are the OWNER’S AGENT, an original notarized Letter of Authorization from the owner must be attached.
   ☐ B. Proof of authorized signatory via the State of Florida website (www.sunbiz.org) must be attached.
   ☐ C. Proof of ownership of property must be attached. Supply a printout for the property from the Property Appraisers Office or a copy of a Warranty Deed is acceptable.

☐ 2. Location map showing street names (8½” x 11”)

☐ 3. Meter address from City of Port St Lucie Building Dept. or St. Lucie County GIS Department

☐ 4. Conceptual Project Layout (including location of buildings/structures and utility connection points)

☐ 5. Boundary Survey (showing all existing and proposed easements)

☐ 6. Application Fee

☐ 7. PDF file of all submitted items, including this form.

Additional information plans, and/or documents may be required.

Note: Failure to submit the above items may result in the application being returned.

01. Project Name: __________________________

02. Plaza Name: __________________________

FOR PSLUSD OFFICE USE ONLY

File Number: __________________________ Application Fee Receipt#: __________________________

Existing projects only: ERCs Reserved Water: _____ ERCs Reserved Sewer: _____ Irrigation ERCs: _____

Historical Use: Water: _____ Sewer: _____ Irrigation: _____ (attach historical)

Effective Date: 10/01/2013 PSLUSD Doc No. 120
03. Project Description: __________________________________________________________

04. Type of Establishment: _______________________________________________________

05. Existing Structure: ☐ Proposed Structure ☐ Square Footage: _______________________

06. Proposed Hours of Operation:

   Monday: _____ AM to _____ PM  Friday: _____ AM to _____ PM
   Tuesday: _____ AM to _____ PM  Saturday: _____ AM to _____ PM
   Wednesday: _____ AM to _____ PM  Sunday: _____ AM to _____ PM
   Thursday: _____ AM to _____ PM

07. Property Location:

   ☐ Within PSL City Limits  Unincorporated: St. Lucie County  ☐ Other ________________

08. Address Of Facility:

   (Include city, state, & zip) _____________________________________________________

09. Legal Description:

   ___________________________  ___________________________  ___________________________
   (lot)  (block)  (section)
   ___________________________
   (other)

10. Property Tax ID NO.(s): (Required)

   ___________________________  ___________________________  ___________________________
   ___________________________  ___________________________  ___________________________
11. Property Owner:
Name: ___________________________  Title: ___________________________
Company Name: ___________________________
Mailing Address:
Street Address
City  State  Zip
E-mail Address: ___________________________  Telephone: ___________________________

12. Owner’s Agent:
Name: ___________________________  Title: ___________________________
Company Name: ___________________________
Mailing Address:
Street Address
City  State  Zip
E-mail Address: ___________________________  Telephone: ___________________________

13. Engineer of Record:
Name: ___________________________  Title: ___________________________
Company Name: ___________________________
Mailing Address:
Street Address
City  State  Zip
E-mail Address: ___________________________  Telephone: ___________________________

14. Account Name and Billing Address:
Account Name: ___________________________  Acct # ___________________________
Billing Address:
Street Address
City  State  Zip
E-mail Address: ___________________________  Telephone: ___________________________
15. **Type Of Service Requested:**  
(Check appropriate boxes)

<table>
<thead>
<tr>
<th>Existing</th>
<th>Water</th>
<th>Wastewater</th>
<th>Fire Protection</th>
<th>Existing Irrigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Reclaimed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation Water Desired?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. **Water Service:**

Indicate quantity of meters in the applicable box below each meter size:

<table>
<thead>
<tr>
<th>Water Meter Size:</th>
<th>5/8&quot;X 3/4&quot;</th>
<th>1&quot;</th>
<th>1 ½&quot;</th>
<th>2&quot;</th>
<th>3&quot;</th>
<th>4&quot;</th>
<th>6&quot;</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Existing Meters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of New Meters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **Fire Protection Capacity**  
_______

Fire Line Required:  
Yes ☐  No ☐  
If Yes, Indicate Line(s) And Size(s):  
_______

Indicate the method of fire protection your project requires.

☐ 1. Existing Fire Hydrant(s)
☐ 2. Fire Sprinkler System served by ______ inch fire line(s).
☐ 3. Private Fire Line
☐ 4. Fire Hydrants required within road right of way:
☐ 5. Not Applicable

Notes:

________________________________________________________________________
________________________________________________________________________
18. Flow Derivation:

Check the appropriate category used to determine the Equivalent Residential Connection (ERC) flows for your establishment.

**Note:** Regardless of ERCs determined for flow calculations, each meter installed with this project shall reserve a minimum of 1 ERC.

**PLEASE COMPLETE 1 OF THE FOLLOWING 4 CATEGORIES:**

(Select Only One Category – A or B or C or D)

- **A. Historical ERC Data based on actual usage of similar projects:**
  
  See our [historical flow use instructions](#) Section 61.11 (9) of the City Code.
  
  Calculated ERCs: _____ (attach all historical data)

- **B. ERC Determination Table:**
  
  See our [ERC Determination Table](#) Section 61.11 of the City Code for ERC determination method help.
  
  Type of Establishment (Per ERC Table,):
  
  Applicable "Units":_____ No. Of Beds:_____
  
  Square Feet:__________ No. Of Seats:_________ (including bar & outdoor seating)
  
  Employees: Total No._______ Per Shift _____ Shifts per Day______
  
  Other:____________________
  
  ERC Facture_____ X Units______ = _____ ERCs

- **C. Fixture Unit Method:**
  
  See the Florida Plumbing Code [fixture units table](#) for fixture units method help.
  
  The Total ERC Value = \[
  \frac{\text{Number of Fixture Units}}{20}
  \]
  
  Fixture Units_____ ÷ 20 = _____ ERCs

- **D. Estimated by the PSLUSD:**
  
  If unable to provide any of the above information, the applicant can defer to the PSLUSD to estimate water usage.
20. Engineer Concurrence:

Sign below to certify that pages one (1) through six (6) are true and correct.

Company: ____________________________________________
Address: ____________________________________________

________________________________________________________________________

____________________________________   ________________________________
Printed Name                  Date

____________________________________   ________________________________
E-mail Address                Signature
Utility Project Information Form

The Property Owner hereby requests water and/or wastewater service and treatment plant capacity in the amount of ERCs shown above for the property or properties described in this Utility Project Information Form and agrees to be bound fully by the provisions of the Port St. Lucie, Florida Code of Ordinances, the Port St. Lucie Utility Standards Manual and the terms and conditions of any Water and/or Wastewater Agreement and Permit issued pursuant to this Application. Furthermore, the person or persons executing this application are fully authorized to bind the Property Owner and agree to indemnify the City for damages that may occur due to false representation in this application.

This application and the subsequent issuance of a Utility Service Agreement by the City shall create no vested rights in the Applicant and shall not be construed as a guarantee of water and/or wastewater service to the Applicant. The City may permit connections to its water and wastewater system only if it can lawfully do so and would not thereby violate any permit, license, restriction, injunction, moratorium or denial of permission to connect imposed or issued by any Court of competent jurisdiction or by any applicable Agency of the United States, the State of Florida, St. Lucie County, or the City of Port St. Lucie. The City makes no other representation or agreement as to the availability of water and/or wastewater service in connection with the development of the property described herein. The Applicant expressly agrees that it shall have no claim or cause of action against the City for its observance of the requirements or any such permit, license, restriction, injunction, moratorium or denial of permission to connect its potable water or wastewater system. The Applicant hereby waives and relinquishes any right, claim, cause of action or other remedy whatsoever against the City arising from or as a result of the City's refusal to permit the observance of the requirements, or for the reason that the connection would violate such permit, license, restriction, injunction, moratorium or denial of permission to connect. This application is submitted pursuant to the requirements, the provisions of which are hereby incorporated herein.

Upon acceptance of the completed application, applicable plans and payment of the application fee, the Utility Engineering Division will typically provide review comments within 30 days. Upon approval of construction/detail plans, the Utility will issue a Utility Service Agreement outlining all conditions and costs related to connecting to the Utility's water and/or wastewater system. The Utility Service Agreement must be signed by the owner, signifying acceptance of the Utility's terms and conditions for providing water and/or wastewater service.

Property Owner: (signature mandatory)
By: ___________________________ By: ___________________________
Print Name: __________________________ Print Name: __________________________
Date: __________________________ Date: __________________________

Owners Agent: (attach authorization)
By: ___________________________ By: __________________________
Print Name: __________________________ Print Name: __________________________
Date: __________________________ Date: __________________________

NOTE: Partnerships and Joint Ventures must have all Partners sign.