

**New Residential Utility Service
Application
Charlotte County Utilities**
Email: administrative.assistants@charlottecountyfl.gov or
Sherri.Sartino@charlottecountyfl.gov - Fax to 941.764.4319

Forms-CCU-Eng-F003

Effective Date: 03/05/13

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Name: _____ Property Owner: _____

Mailing Address: _____

Phone Number: _____ Street _____ Fax Number: _____ City _____ Email Address: _____ Zipcode _____

Legal Description: The Complete Short Legal

Lot: _____ Block: _____ Section: _____
(Only One Lot Per Form) (Must Include 3-Letter Identifier)

Address of Property: _____

City, County, Zip Code: _____

*******PLEASE PROVIDE A COPY OF SITE PLAN*******

SERVICE AGREEMENT: Utility will provide service upon payment of these fees and charges in accordance with Utility's Uniform Extension Policy approved by the Board of County Commissioners. The policy provides for plant allocation of 225 gallons per day per equivalent residential connection (ERC for water service, and 190 gallons per day per ERC for sewer service, as defined in the policy). Utility will not be obligated to provide capacity of service in excess and may required consumers to curtail use which exceeds such allocated capacity. Where payment of connection fees has been made prior to the availability of utility service, Utility agrees to make service available upon completion of construction and certification that lines are ready to serve. In areas where utility service is not available and connection fees have ben paid, billing of the monthly Base Facility Charge(s) will begin thirty (30) days after certification of service availability and applicant agrees to pay such charges as rendered.

Customer Signature _____

Date _____

<<<< FOR OFFICE USE>>>>

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	WATER	SEWER	TOTAL
PLANT CAPACITY (A) WPLT _____ SPLT _____			
TRANSMISSION (A) WTRN _____ STRN _____			
DISTRIBUTION (A) WDST _____		XXXXX	
COLLECTION (A) _____ SCOL _____	XXXXX		
SUBTOTAL CONNECTION FEES		W + S	_____ (A)
LOW PRESSURE INSTALL (B) _____ STNK _____	XXXXX		
WATER METER INSTALL (B) MIXX _____		XXXXX	
AGRF* (See chart on pg. 2) (B) WAGF _____ SAGF _____			
SUBTOTAL OTHER FEES		W + S	_____ (B)
TOTAL W/S CONNECTION FEES	=====	=====	

APPLICATION RECEIVED

NOTES:

Serv. Type: DI S L

ESCROW CREDIT: YES NO IF YES, CHECK WILL BE SENT TO PROPERTY OWNER
*PRICES IN EFFECT UNTIL _____ AND SUBJECT TO CHANGE.
(A) PAYCODE: CFCH (CASH) CFCK (CHECK) (B) USE REGULAR PAYCODES

TOTAL CONNECTION FEES: \$ _____
PAYMENT: \$ _____ DATE: _____
BALANCE TO FINANCE: \$ _____ MONTHS TO FINANCE (MAX): _____
RECEIVED BY: _____ APPROVED BY: _____
PREMISE NO: _____ CUSTOMER NO: _____