



# New Residential Utility Service Application

## Charlotte County Utilities

Email [administrative.assistants@charlottefl.com](mailto:administrative.assistants@charlottefl.com) or  
[sherri.sartino@charlottefl.com](mailto:sherri.sartino@charlottefl.com)  
 or Fax to 941-764-4319

Form CCU-Eng-F003  
 Effective Date: 10/01/2012

**NAME:** \_\_\_\_\_ **PROPERTY OWNER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**LEGAL DESCRIPTION:** The Complete Short Legal Permit # \_\_\_\_\_

**LOT:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_ **SECTION:** \_\_\_\_\_  
 (ONLY ONE LOT PER FORM) (MUST INCLUDE 3-LETTER IDENTIFIER)

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**CITY, COUNTY, ZIP CODE:** \_\_\_\_\_

**\*\*\*\*\* PLEASE PROVIDE 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 require 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 been 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

>>>> OFFICE USE >>>> OFFICE USE >>>> OFFICE USE >>>> OFFICE USE >>>>>>>> OFFICE USE >>>> OFFICE USE >>>>

		WATER			SEWER	TOTAL	APPLICATION RECEIVED	
PLANT CAPACITY (A)	WPLT	_____	SPLT	_____			_____	
TRANSMISSION (A)	WTRN	_____	STRN	_____				
DISTRIBUTION (A)	WDST	_____		XXXXXXXXXX			NOTES: Service Type: <u>DI</u> <u>S</u> <u>L</u>	
COLLECTION (A)		XXXXXXXXXX	SCOL	_____				
<b>SUBTOTAL CONNECTION FEES</b>		_____		_____		W + S _____(A)	<b>PRICE IS IN EFFECT UNTIL</b>  _____	
LOW PRESSURE INSTALL (B)		XXXXXXXXXX	STNK	_____				
WATER METER INSTALL (B)	MIXX	_____		XXXXXXXXXX				
AGRF (B)	WAGF	_____	SAGF	_____				
<b>SUBTOTAL OTHER FEES</b>		_____		_____		W + S _____(B)		
<b>TOTAL W/S CONNECTION FEES</b>		_____		_____			AND MAY BE SUBJECT TO CHANGE	
ESCROW CREDIT: YES NO IF YES, CHECK WILL BE SENT TO PROPERTY OWNER								
(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:** \_\_\_\_\_