



Combined Application for Plan Review and Utility Service Agreement

Commercial and/or Multi-Family

Effective Date: 2.24.2022
Page 1 of 2

***** Only Fully Completed Applications Will Be Processed *****

Project Name: _____ **CCU File #:**

Application Date: _____ **Parcel ID#:** _____

Legal Description: Short Legal: _____ Section: _____ Town: _____ Range: _____

Project Address:
(As Listed on Property
Appraiser Records)

STREET ADDRESS:

CITY:

STATE:

ZIP:

Title Holder of Property:
(Proof of Ownership
Required)

NAME:

Individual ☐ Corporation ☐ LLC ☐ State: _____ Other: _____

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE#:

CELL#:

EMAIL ADDRESS :

SIGNATURE :

NAME AND TITLE:

Project Engineer:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE#:

CELL#:

EMAIL ADDRESS :

SIGNATURE :

NAME AND TITLE:

Project Developer:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE#:

CELL#:

EMAIL ADDRESS :



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Page 2 of 2

Project Description And Purpose:

WATER:

Existing Stub-Out? Yes ☐ No ☐

Project Involves Water Main Extension? Yes ☐ No ☐

Fire Line Size, If Applicable: _____

FDEP Required? Yes ☐ No ☐

SEWER:

Existing Lateral? Yes ☐ No ☐

Project Involves Sewer Main Extension? Yes ☐ No ☐

Grease Trap Required? Yes ☐ No ☐ *If yes, call Pretreatment Dept 941.764.4599*

FDEP Required? Yes ☐ No ☐

Is Reclaimed Water Proposed for Irrigation*:

Yes ☐ No ☐

If yes, Average Daily Demand for Reclaimed Water:

_____gpd

Is Reclaimed Water Storage Available On-Site?

Yes ☐ No ☐

*Chapter 3-8 Article VI of the Charlotte County Code requires all new developments make an evaluation of the incorporation for use of reclaimed water.

TYPE OF BUILDING:

Multi-Family _____ Units

Retail _____ Square Feet

Hotel or Motel _____ Units

Office Building _____ Square Feet

Warehouse _____ Square Feet

Self Storage _____ # of Units

Medical/Dental _____ # of Employee

_____ # of Practitioners

Hospital _____ Beds

Nursing Home _____ Beds

Restaurant _____ Seats

Bar/Cocktail Lounge _____ Seats

Theater/Church _____ Seats

Day School _____ Students+Staff

Convenience Store _____ Sq Ft of Retail

_____ Sq Ft of Food Prep

_____ # of Restrooms

METER REQUEST: Quantity:

5/8" _____

1" _____

1 1/2" _____

2" _____

SEWER CONNECTION:

Size: _____

Quantity: _____

REQUIRED ATTACHMENTS CHECKLIST:

- ☐ Proof of Ownership (Warranty Deed)
- ☐ Water Meter Sizing Form - <https://www.charlottecountyfl.gov/core/fileparse.php/529/urlt/meter-sizing.pdf>
- ☐ One set of signed and sealed engineering plans (Engineer must be licensed in the state of Florida). Plans must be submitted in conformance with the Utilities Engineering Services current Minimum Drawing and Submittal Requirements and Standard Drawing Details available on-line at <https://www.charlottecountyfl.gov/departments/utilities/engineering/design-compliance.shtml>
- ☐ \$500 check for the plan review fee (made to Charlotte County Utilities). Any more than 3 reviews will require an additional fee.

PLEASE FORWARD TO: CHARLOTTE COUNTY UTILITIES, 25550 Harbor View Road, Unit 1 Port Charlotte, FL 33980
CCU Engineering Coordinator: (941) 883-3508/FAX: (941) 764-4319 Email: coordinator.engineering@charlottecountyfl.gov