

PERMIT #: _____



LOC ID#: _____

Utilities Department Capacity Information

Venice, Florida

PROPERTY ADDRESS:			
OWNER:		PHONE:	
CONTRACTOR:		PHONE:	

NUMBER OF UNITS	TYPE OF STRUCTURE		
_____	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi Unit	<input type="checkbox"/> Residential

SIZE OF METER REQUESTED:	_____	NUMBER OF METERS REQUIRED:	_____
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METER TYPE: Water Reclaim Irrigation

Is there a "Y" off service?
 Yes No

SEWER CONNECTION: Yes No

Signature of Owner/Contractor

Date

OFFICE USE ONLY			
PLANT CAPACITY FEES			
	PRINCIPAL	INTEREST	TOTAL
Water			
Sewer			
TAP FEES			
Water			
Sewer			
Reclaim			
LESS CREDITS, if any			
TOTAL AMOUNT DUE:			

Signature of Representative (Utilities)

Date