



# City of Port St Lucie

## Utility Systems Department



Phone (772) 873-6400

121 SW Port St Lucie Blvd, Bldg. B, Ste. 201, Port St Lucie, FL 34984

Email: UtilEng@cityofpsl.com

### Commercial Tenant Utility Service Application

Submit completed worksheet and applicable plans

**01. Project Name:**

**02. Plaza Name:**

**03. Type of Establishment:** (Restaurant/Food Service/Daycare, must attach a Grease Management Plan)

☒ Restaurant or Food Service

☐ Retail Store

☐ Medical Facility

☐ Business Office

☐ Other:

**04. Applicant:** (Owner of Business)

Name:

Title:

Company Name:

Federal Tax ID #:

Mailing Address:

Street Address

City

State

Zip

E-mail Address:

Telephone:

**05. Service Address of Facility:**

Street Address

City

State

Bay/Suite No.

Zip

**06. Type of Service Requested:** (Check appropriate boxes)

	Water	Wastewater	Fire Protection	Existing Irrigation
Existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire Line Required:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**07. Water Meter Size:**

Change in water meter size requested: ☐ Yes ☒ No

New meter size:

**08. Renovations:**

Interior changes/upgrades being made: ☒ Yes ☐ No

(If Yes; plans to be included and retained by PSLUSD)

Square Footage:

**09. Hours of Operation:**

Monday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM	Friday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM
Tuesday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM	Saturday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM
Wednesday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM	Sunday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM
Thursday:	<input type="text" value="10"/>	AM to	<input type="text" value="10"/>	PM					

**10. Flow Derivation:**

Total No. of ERCs Requested:

$28 \times 0.1882$

By my signature below, I acknowledge that approval of this application may result in a modification to the Utility Service Agreement for this property and may require property improvements and the payment of additional fees.

  
Signature of Owner / Owner's Agent (Owner of Property)

Date

  
Signature of Applicant (Owner of Business)

Date