



# City of Port St Lucie

## Utility Systems Department



Email: UtilEng@cityofpsl.com

900 SW Ogden Lane, Port St Lucie, FL 34983

Phone (772) 344-4320

### Utility Project Information

To be completed by the Engineer of Record (EOR)/EOR Rep. and E-Mailed to UtilEng@cityofpsl.com

Submit this form and attachments in PDF form only.  
Incomplete items may result in the application being returned.

This is an affordable housing project (involving federal, state, or local affordable housing funds). Attach verification.

#### 1. Check all Items Submitted:

A. This form fully completed.

B. Proof of ownership of the property must be attached. Supply a printout for the property from the Property Appraisers Office or a copy of a Warranty Deed; whichever shows the correct ownership information.

C. Location map showing street names (8.5" x 11").

Refer to construction plans

Note: Additional information plans and/or documents may be required.

#### 02. Project Name:

#### 03. Plaza Name:

#### 04. Type of Establishment: (Restaurant/Food Service/Daycare must attach Grease Management Plan).

Restaurant or Food Service

Retail Store

Medical Facility

Business Office

Other:

#### 05. Structure: Existing Proposed Square Footage:

#### 06. Property Location: Within PSL City Limits Unincorporated St Lucie County

Other:

#### 07. Property Address:

(include city, state, zip)

#### 08. Legal Description: Lot: Block: Section:

Other (Attach additional sheets if necessary.)

**09. Property Tax ID Number(s):**

**10. Property Owner:**

Name:	Title:		
Company Name:			
Mailing Address:			
Street Address			
City	State	Zip	
E-mail Address:	Telephone:		

**11. Owner's Agent:**

Name:	Title:		
Company Name:			
Mailing Address:			
Street Address			
City	State	Zip	
Email Address:	Telephone:		

**12. Engineer of Record:**

Name:	Title:		
Company Name:			
Mailing Address:			
Street Address			
City	State	Zip	
Email Address:	Telephone:		

**13. Account Name & Billing Address:**

Name:	Title:		
Company Name:			
Mailing Address:			
Street Address			
City	State	Zip	
Email Address:	Telephone:		

**14. Type of Service Requested:** (Check Appropriate Boxes)

Water

Wastewater

Fire Protection

Existing Irrigation

Existing:

Proposed:

Reclaimed Irrigation Water Desired?

Yes

No

**15. Water Service:**

Hospital

Indicate the Number of Meters in Boxes Below

ERCs

Water Meter Size

5/8x3/4"

1"

1 1/2"

2"

3"

4"

6"

Other

No. of Existing Meters

No. of New Meters

No. of New Meters

No. of New Meters

No. of New Meters

Regardless of ERCs determined for flow calculations, each meter installed with this project shall reserve a minimum of 1.0 ERC.

Total No. of ERCs Requested:

(1.0 ERC=250 gal/day)

MOB

**16. Fire Protection Capacity:**

Indicate the method of fire protection your project requires:

1. Existing Fire Hydrant(s)
2. Fire Sprinkler System served by      inch fire line(s).
3. Private Fire Line
4. Fire Hydrants Required within Road Right of Way
5. Not Applicable

Notes: