

**CITY OF WINTER HAVEN
COMMERCIAL UTILITY SERVICE APPLICATION
ENGINEERING SERVICES DIVISION**



No: _____

(Office) 863-291-5850 (Fax) 863-291-5211 (Email) Engr@mywinterhaven.com

Applicant Name: _____ Mailing Address: _____

Service Address: _____ Service Subdivision Name: _____

Square Footage of Leased Area _____ **Parcel Identification No.:** _____

Contact Info.- Home: _____ Cell: _____ Business: _____ Email: _____

Type of Service: _____ Water only = W Sewer only = S Water and Sewer = B

Service Code: _____ Single Family = A Multi Family = B Non-residential* = C

**Business Tax Receipt
No. _____**

*For Non-Residential a floor plan with the usage of each separate floor space must be attached. For a commercial service request located inside the City limits, a business tax receipt (fka occupational license) must be obtained, for information call 863-298-7656.

Turn On: Yes or No Domestic Meter: Yes or No Domestic Meter Size: _____
 Reset: Yes or No Reuse Irrigation Meter: Yes or No Reuse Irrigation Meter Size: _____
 New Meter: Yes or No Potable Irrigation Meter: Yes or No Potable Irrigation Meter Size: _____

Fire Protection: FH-Fire Hydrant _____(qty.) SP-Stand Pipe _____(qty.) SS-Sprinkler System _____(qty.)

It is agreed by the applicant that all charges levied by The City of Winter Haven on this statement for water and/or sewer expansion fees and other connection fees, will be paid when due. In the event fees are not paid when due, the City shall have the right to discontinue water services until delinquent charges are paid. Applicant will not be connected to the City of Winter Haven's utility system until all applicable fees and charges have been paid. The applicant's utility service will be connected at the above stated service address. Any incorrect information given may result in additional charges for labor and materials.

Customer's Building Usage: _____ **Previous Building Usage:** _____

The expansion fees are levied to assess the applicant for their proportionate share of the expansion to the utility systems, including processing plants, wells, lift stations, etc. Commercial expansion fees will be based on a combination of City research of comparable commercial usage and as prescribed by the Department of Environmental Protection (DEP) data. An evaluation of the expansion fees and service usages (WA, IR, SW, RU) may be conducted annually after one (1) year of occupancy of the facility. Additional fees shall be levied at that time if deemed appropriate. The applicant agrees to render payment of any additional fees should they be levied. *Application expires one (1) year from request date.*

 Applicant Signature Print Name Date

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Service Details:

Circle One: INSIDE CITY OUTSIDE CITY
 Annexation Required? YES NO
 Backflow Preventer Required? YES NO
 Monthly Stormwater Fees:
 SQ \$ _____ SM \$ _____
 Credit Applied for On-Site Facilities: YES NO
 SQ/SM EQUIVALENT RESIDENTIAL UNIT (ERU BASIS)

REUSE WATER SERVICE

Reuse Agreement Required? YES NO
 Gallons Required Per Month (estimate) _____
 Equates to Base Charge for _____ EIC's

Description	Amount
Water Expansion Fee	\$ _____
Water Meter Set	\$ _____
Potable Irrigation Meter Set	\$ _____
Reuse Irrigation Meter Set	\$ _____
Water Main Extension	\$ _____
Wastewater Expansion Fee	\$ _____
Sewer Tap Inspection (per inspection)	\$ _____
New Water Acct. Service Charge	\$ _____
New Irrigation/Reuse Acct. Service Chg.	\$ _____
Meter Reset Fee	\$ _____
Other	\$ _____
1. Subtotal	\$ _____
Deposit – Water & Sewer	\$ _____
2. Deposit – Garbage	\$ _____
3. TOTAL	\$ _____

Prepared By: _____ Date: _____ Approved By: _____ Date: _____

Utility Service Receipt No.: _____ Utility Service Deposit Receipt No.: _____ Date Paid: _____

Annexation Letter Signed? Yes or No Reuse Agreement Received/Signed? Yes or No UA/FS STAFF: _____



CITY OF WINTER HAVEN STORMWATER UTILITY FEE CREDIT APPLICATION

Name(s) of Property Owner(s): _____

Property(ies) Requesting Exemption: _____

(If Multiple Addresses Please Attach Listing) _____

Type of Business/Property Use: _____

Is on-site storm drain system publicly maintained? Yes: _____ No: _____

Billing Address (If Different): _____

(If Multiple Addresses Please Attach Listing) _____

Parcel ID #: _____

Name of Development

Phone Number(s): _____

Utility Account #: _____

(If Applicable)

Acreeage: _____

Signature(s) & Date: _____

Signature

Date

Signature

Date

TYPE OF CREDIT REQUESTED (Please Check One)

Documentation must be provided for any of the following

X	Type of Program/Practice	Fee Reduction	Permit # (if applicable)	Date of Permit Issuance
	Southwest Florida Water Management District Surface Water Management Permit.	60%		
	City of Winter Haven Redevelopment one-half inch of runoff	40%		
	City of Winter Haven Redevelopment one-quarter inch of Runoff	20%		
	Other State permitting programs for water quality control	15%		
	Parking lot/street sweeping involving commercial sweeping Company	10%		
	Application of other non-structural best management practices	Maximum 5%		

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NEW MONTHLY FEE: _____

APPROVAL

Yes No Comments

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Stormwater Quality Fee: _____

Stormwater Maintenance Fee: _____

Additional Instructions to UA/FS:

David Knouff, Engineering Tech V **Date**
Engineering Services Division

Joey Murphy, Director **Date**

Calculations:

Land Use:

SQ=

SM=