



No: _____

COMMERCIAL UTILITY SERVICE APPLICATION

Phone: 863-291-5850 Fax: 863-291-5211 Website: www.mywinterhaven.com Email: Engr@mywinterhaven.com

REQUIRED DOCUMENTATION:

***BUSINESS Applicant: Property Ownership Documents/ Rental Agreement & Federal Tax I.D. Document.
INDIVIDUAL Applicant: Property Ownership Documents/ Rental Agreement with Complete Application.
Individual Applicants must provide Photo I.D. and a Social Security Document when paying applicable fees.

Applicant Name: _____ Federal Tax I.D. #: _____

Contact Name: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____
City State Zip Code

Email Address: _____ Office Phone Number: _____

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

Have you ever had a utility account with the City of Winter Haven before? _____ Yes _____ No If yes, please state the name and service address: _____

If service address is LEASED or RENTED, please complete this section. Copy of lease is REQUIRED.

Name of Rental Agency or Landlord: _____ Phone #: _____

Real Estate Agents / Property Management Companies – provide active / current account numbers under their control:

Name of New Business: _____ Name of Owner: _____

Business Type: _____ Business Tax Receipt #: _____

Existing/ Prev. Business Type: _____ Projected Monthly Water Consumption: _____

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/impact 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 and/or agreed to. The applicant's utility service will be connected at the above stated service address. Any incorrect information given may result in disruption of service and/or additional service related charges.

The expansion/impact 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/impact 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/impact fees may be conducted annually after one (1) year of occupancy of the facility. Additional use related 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.

On-site pets must be secured in areas away from water meter location(s) in order for utility staff to service/read meters. To prevent water damage, make sure all water faucets are turned off prior to the scheduled connection date, the City is not responsible for damages resulting from open or leaking fixtures. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address. I acknowledge the provisions of the City's Water Conservation Ordinance and water restrictions established by SWFWMD, the Florida Administrative Code and/or the City Manager. Violations may result in fines of up to \$500.

I hereby request utility service from the City of Winter Haven at the above service address and agree to pay all appropriate fees and charges as assessed. I agree to the statements listed above and acknowledge that, to the best of my knowledge, all the above information provided is true and correct. Incorrect information may result in disruption of service and/or additional service related charges.

Applicant Signature Print Name Date Time

COMMERCIAL UTILITY SERVICE APPLICATION (cont.)

Type of Service: _____ Water only = W Sewer only = S Water and Sewer = B
 Service Code: _____ Single Family = A Multi Family = B Non-residential* = C

*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 (aka occupational license) must be obtained. Please ask for information or call 863-291-5695.

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

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

If an Irrigation Meter is needed, what will it be serving?

Model Home Common Area Entrance Way Parks/ Amenities Residential Lot Other: _____

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Service Details:

Circle One: **INSIDE CITY** **OUTSIDE CITY**
 Annexation Required? YES NO
 Backflow Preventer Required? YES NO
 Reuse Agreement Required? YES NO
 Monthly Stormwater Fees:
 SQ \$ _____ SM \$ _____
 Credit Applied for On-Site Facilities: YES NO

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/Impact Fee	\$ _____
Water Meter Set	\$ _____
Potable Irrigation Meter Set	\$ _____
Reuse Irrigation Meter Set	\$ _____
Water Main Extension	\$ _____
Wastewater Expansion/Impact Fee	\$ _____
Sewer Tap Inspection (per inspection)	\$ _____
New Water Acct. Service Charge	\$ _____
New Irrigation Acct. Service Charge	\$ _____
Meter Reset Fee	\$ _____
Other	\$ _____
SUBTOTAL	\$ _____
Deposit – Water & Sewer	\$ _____
Deposit – Garbage	\$ _____
TOTAL	\$ _____

Engineering Services

Prepared by: _____ Date: _____ Approved by: _____ Date: _____

Annexation Letter Received/Signed? YES or NO

Reuse Agreement Received/Signed? YES or NO

Utility Account/Field Services

Deposit Amount: \$ _____ Receipt Number: _____ Requested Turn On Date: _____

Account Number: _____ Notes: _____

Staff Initials: _____ Date: _____

**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 All That Apply)

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:

Stormwater Quality Fee: _____

Stormwater Maintenance Fee: _____

APPROVAL

Yes	No	Comments

Jack Cancilla, Engineering Tech V Date

Additional Instructions to UA/FS:

Joey Murphy, Engineering Services Director Date

Calculations:

Land Use:

SQ=

SM=