

City of Lake City

Customer Service

205 North Marion Avenue
Lake City, Florida 32055-3918
Telephone (386) 752-2031 / Fax (386)719-5837

APPLICATION FOR WATER /SEWER/GAS TAP-CAPACITY COMMITMENT

Project Name: _____ Date/Time: _____

Service Address: _____

Applicant Name: _____ Telephone Number: _____

Applicant's Agent: _____ Telephone Number: _____

Business Name: _____ Telephone Number: _____

Parcel ID #'s _____ Tax ID #: _____

Mailing Address: _____

Requested Water Capacity: No Yes, in the amount of _____ gpd/gph
Requested Sewer Capacity: No Yes, in the amount of _____ gpd/gph
Requested Gas Capacity: No Yes, in the amount of _____ btu/unit

Application For: Water/Tap Size _____ Sewer/Tap Size _____
 Irrigation/Tap Size _____ Gas/Tap Size _____

Meter Size /Quantity: 3/4" 1" 1 1/2" 2" 6" Other Specify _____

Where do you get your water presently? _____

Is this new construction? Yes _____ No _____ Within City limits: Yes _____ No _____

Is there a well on site? Yes _____ No _____

If yes you will be required to have a backflow preventer per City Ordinance and State Law F.A.C 62-555.60

Fire Protection: No _____ Yes _____, Diameter of new mainline: _____
Quantity of new Hydrants: _____

Growth Management Zoned: _____ Residential Commercial Industrial

The above named applicant request that an inspection be made by The City of Lake City for verification of available services based on address, parcel numbers, lot numbers, etc. Upon confirmation of both capacity and or availability, the applicant will be notified and provided a "Cost Estimate/Tap & Impact Fees" summary. Please note at any time you may be required to install a backflow device per local, state, or federal regulations.

NOTE: This is only an estimate, fees are subject to change.

Applicant: _____ Date: _____

Service Available Date Requested Date: _____

Billing will begin upon completion of tap.

OFFICE USE ONLY:

Wastewater Capacity Available

Director _____

Date _____

Collections/Distribution Available

Director _____

Date _____

Water Capacity Available

Director _____

Date _____

Natural Gas Available

Director _____

Date _____

Is a backflow preventer required if so what type of device? _____

The City of Lake City has reviewed the applicants request for availability/reserved capacity. Upon this evaluation service connection has been

Accepted

Declined due to _____

City of Lake City - Customer Service

Application Fee Paid

Application Number: _____

Amount: \$ _____ . _____ Check # _____ Type of Establishment _____

Additional Information:

Growth Management

Inspector _____

Date _____