



# 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").

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:**

	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)

**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: