



CITY OF PORT ST. LUCIE
UTILITY SYSTEMS DEPARTMENT

Phone: (772) 871-5063 Email: Utileng@cityofpsl.com

**APPLICATION FOR PERMIT TO CONSTRUCT A DOMESTIC
WASTEWATER COLLECTION/TRANSMISSION SYSTEM**

Instructions: This form must be completed and submitted along with a signed Utility Service Agreement, and applicable charges/fees. All blanks must be filled. Failure to submit a complete application or required documents will result in the application being returned to the applicant.

1. Applicant Information

Name of Applicant: _____ Title: _____

Company Name: _____

Address: _____

Telephone: _____ E-Mail Address: _____

2. Project Information

Name of Project: _____

Location: _____

Project Description: _____

New Permit: _____ Permit Modification: _____ (Associated Permit #): _____

3. Collection/Transmission System Information

Wastewater Treatment Facility: Southport Westport Glades

Pipe lengths and sizes, total number of manholes and pump stations: _____

Design Flow: _____ gpd Number of ERCs: _____ (Based on Capacity Worksheet)

Project Name: _____

4. Pretreatment

Type of Interceptor: _____ Size: _____ gpd
(Grease, Oil, Sand, Laundry, etc.)

5. Professional Engineer in Responsible Charge of Designing Project

Name of Engineer: _____ Company Name: _____

Address: _____

Telephone: _____ E-Mail Address: _____

Applicant's Certification

6. I, the undersigned owner or authorized representative* _____
am fully aware that the statements made in this application are true, correct and complete to the best of my knowledge and belief. I am fully aware that it is my responsibility to construct the domestic wastewater collection/transmission system and transfer the ownership of the system to the City of Port St. Lucie Utility System Department (PSLUSD), in compliance with requirements of the executed PSLUSD Utility Service Agreement. I agree to retain a professional engineer, as indicated on this application, to observe construction of the project in accordance with applicable FDEP rules, codes and PSLUSD Utility Standards.

* Notarized Letter of Authorization is required

Signed: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____