



## UTILITY SERVICE PERMIT QUESTIONNAIRE

To Be Submitted By Project Architect, Engineer or Developer

*Any omission of applicable information will cause this application to be returned*

- A. Completed Permit Questionnaire
- B. An 8 1/2" x 11" copy of the **site plan and floor plan**
- C. A copy of the Broward County Property Appraisers web site page for the subject parcel
- D. An authorization letter from the Property Owner (fee-simple titleholder), if the party entering into the Utility Service Permit is not the fee-simple titleholder
- E. **\$225.00 Processing Fee plus \$11.25 Technology Fee for a Total Fee of \$236.25**

Date: \_\_\_\_\_

1. **Project Name:** \_\_\_\_\_
2. To your knowledge has any project ever been planned for this property before? If so, what was its name and use? \_\_\_\_\_
3. **Project Location / Address** (If no address, use street names or distances from nearest major roadways): \_\_\_\_\_  
\_\_\_\_\_
4. **Folio #** (Property ID #): \_\_\_\_\_
5. **Current Owner** of property and business identity: \_\_\_\_\_
6. **Project Architect** and phone number: \_\_\_\_\_
7. **Project Engineer** and phone number: \_\_\_\_\_

**Complete the following section carefully; it will serve as the basis for fee calculations. If information provided is incorrect, fees quoted will be incorrect. Fees paid will be those in effect at the time of remittance and execution of the City Permit.**

I. Type of Development planned – **if mixed use, indicate all uses.**

A. **Single Family Residence:**

- Number of Units: \_\_\_\_\_  
(The City's definition of a single family residence is any unit that has its own water meter)

**B. Multi Family Residence:**

- Number of Units: \_\_\_\_\_

**C. Restaurant:**

- Hours of operation: \_\_\_\_\_
- Number of employees per 8/hour shift: \_\_\_\_\_
- Full Service (Number of Seats): \_\_\_\_\_
- Single Service (Number of Seats): \_\_\_\_\_
- Bar and Cocktail Lounge (Number of Seats): \_\_\_\_\_
- Carry Out, including Caterers (Gross Square Feet): \_\_\_\_\_

**D. Doctor Office:**

- Number of Doctors: \_\_\_\_\_
- Number of Staff: \_\_\_\_\_

**E. Dentist Office:**

- Number of Doctors: \_\_\_\_\_
- Number of Staff: \_\_\_\_\_

**F. Shopping Centers - Stores without food or laundry:**

- Gross Square Feet: \_\_\_\_\_

**G. Schools:**

- Number of Students: \_\_\_\_\_
- Number of Faculty: \_\_\_\_\_
- Showers: NO  YES
- Cafeteria: NO  YES  (If yes, number of seats \_\_\_\_\_)

**H. Office Building:**

- Gross Square Feet: \_\_\_\_\_
- Number of employees per 8 hour shift: \_\_\_\_\_

**I. Service Station:**

- Number of Water Closets: \_\_\_\_\_

**J. Car Washes:**

- Number of Bays: \_\_\_\_\_
- Percentage of Reclaimed Water: \_\_\_\_\_

**K. Barber/Beauty Shops:**

- Number of Chairs: \_\_\_\_\_

**L. Hospital/Nursing Home:**

- Number of Beds: \_\_\_\_\_
- Meals Served (Number of Meals per Day per Bed): \_\_\_\_\_

**M. Churches:**

- Number of Seats: \_\_\_\_\_
- Meals Served on a Daily Basis (Number of Meals): \_\_\_\_\_

**N. Laundromat:**

- Number of Machines: \_\_\_\_\_

**O. Hotel/Motel:**

- Regular (Number of Rooms): \_\_\_\_\_
- Restaurant Facilities (Number of Seats): \_\_\_\_\_
- Bar (Number of Seats): \_\_\_\_\_
- Laundry Facilities: NO  YES  (If yes, number of machines \_\_\_\_\_)

**P. Warehouse:**

- Number of employees per 8 hour shift: \_\_\_\_\_
- Number of bays: \_\_\_\_\_
- Number of self storage units: \_\_\_\_\_

**Q. Other (Please specify):** \_\_\_\_\_

(Signed and sealed consumption calculation may be required)

**II. Air Conditioning Water Cooling Towers:**

- Anticipated water usage (gallons per month): \_\_\_\_\_
- Anticipated sewage discharge gallons per month): \_\_\_\_\_

*(Architect or Engineer signed and sealed consumption calculation required)*

**III. Grease Traps:** NO  YES  (If yes, number of grease traps \_\_\_\_\_)

**IV. Number of Acres:** \_\_\_\_\_

**V. Size and number of water meters as determined by the Engineer of Record:** \_\_\_\_\_

**VI. General Information:**

Describe current plans for phasing, if any, or any other information: \_\_\_\_\_

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**VII. Contact Information:**

- A. Give the contact information of the Property Owner or Authorized Owner’s Representative who will be signing the agreement:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- B. Give the contact information of party who will be responsible for paying the utility bill:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- C. Give the contact information of individual to whom all correspondence and pertinent information concerning this project can be sent:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*After the above information is reviewed, you will be contacted if further discussion is needed.*

**VIII. Applicant’s Signature**

I have read the attached information sheet and understand it fully. I further hereby affirm that I am the authorized agent of the property owner and that the information provided herein is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_

*(Architect, Engineer or Developer)*

Print Name: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_