



CITY OF WINTER HAVEN
COMMERCIAL UTILITY SERVICE APPLICATION
ENGINEERING SERVICES DIVISION

(Office) 863-291-5850 (Fax) 863-291-5211 (Email) Engr@mywinterhaven.com

No: _____

Applicant Name: _____ Mailing Address: _____

Service Address: _____ Service Subdivision Name: _____

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

Contact Info.- Home: _____ Cell: _____ Business: _____ Email: _____

Type of Service: _____ Water only = W Sewer only = S Water and Sewer = B

Service Code: _____ Single Family = A Multi Family = B Non-residential* = C

Business Tax Receipt No. _____

*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 (fka occupational license) must be obtained, for information call 863-298-7656.

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

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

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 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.

Customer's Building Usage: _____ Previous Building Usage: _____
The expansion 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 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.

Applicant Signature _____ Print Name _____ Date _____

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
Monthly Stormwater Fees: SQ \$ _____ SM \$ _____
Credit Applied for On-Site Facilities: YES NO
SQ/SM 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

Table with 2 columns: Description, Amount. Rows include Water Expansion Fee, Water Meter Set, Potable Irrigation Meter Set, Reuse Irrigation Meter Set, Water Main Extension, Wastewater Expansion Fee, Sewer Tap Inspection (per inspection), New Water Acct. Service Charge, New Irrigation/Reuse Acct. Service Chg., Meter Reset Fee, Other, 1. Subtotal, Deposit - Water & Sewer, 2. Deposit - Garbage, 3. TOTAL

Prepared By: _____ Date: _____ Approved By: _____ Date: _____

Utility Service Receipt No.: _____ Utility Service Deposit Receipt No.: _____ Date Paid: _____

Annexation Letter Signed? Yes or No Reuse Agreement Received/Signed? Yes or No UA/FS STAFF: _____

