

Engineering Services Division
490 Third Street, N.W.
Winter Haven, Florida 33880
Phone: 863-291-5850
Fax: 863-291-5211



ENGINEERING SERVICES WORK PERMIT

1. Residential Development Name: _____
Technical Services Project #: _____ Approval Date: _____
Technical Services Inspection Fee: _____ Lots X \$80 = _____

2. Commercial Development Name: _____
Technical Services Project #: _____ Approval Date: _____
Technical Services Inspection Fee:
(Provide copy of Contract or Engineer's Cost Estimate of All Public Improvements):
\$ _____ X 2 ½% = _____

3. Developer Name: _____
Address: _____
Telephone Number(s): _____
E-mail Address: _____

4. Engineer of Record: _____
Address: _____
Telephone Number(s): _____
E-mail Address: _____

5. Contractor: _____
Address: _____
Telephone Number(s): _____
E-mail Address: _____

Pre-Construction Meeting Date and Time:

Inspection Fee Collected: \$

Check #: _____ Money Order#: _____ Other: _____

Received By: _____ Date: _____

*** In accordance with City of Winter Haven Code of Ordinances, Chapter 19, Section 19-14.**

Approved By: _____
Joey Murphy, Engineering Services Division Director

Date

Cc: Engineering Services Project File
Finance Department
Developer