



No: \_\_\_\_\_

**COMMERCIAL UTILITY SERVICE APPLICATION**

Phone: 863-291-5850 Fax: 863-291-5211 Website: [www.mywinterhaven.com](http://www.mywinterhaven.com) Email: [Engr@mywinterhaven.com](mailto:Engr@mywinterhaven.com)

**REQUIRED DOCUMENTATION:**

***BUSINESS Applicant: Property Ownership Documents/ Rental Agreement & Federal Tax I.D. Document.  
INDIVIDUAL Applicant: Property Ownership Documents/ Rental Agreement with Complete Application.  
\*\*\*Individual Applicants must provide Photo I.D. and a Social Security Document when paying applicable fees.***

Applicant Name: \_\_\_\_\_ Federal Tax I.D. #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Square Footage of Leased Area: \_\_\_\_\_ Parcel Identification No.: \_\_\_\_\_

Have you ever had a utility account with the City of Winter Haven before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the name and service address: \_\_\_\_\_

If service address is LEASED or RENTED, please complete this section. Copy of lease is REQUIRED.

Name of Rental Agency or Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Real Estate Agents / Property Management Companies – provide active / current account numbers under their control:

Name of New Business: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Business Type: \_\_\_\_\_ Business Tax Receipt #: \_\_\_\_\_

Existing/ Prev. Business Type: \_\_\_\_\_ Projected Monthly Water Consumption: \_\_\_\_\_

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/impact 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. Applicant will not be connected to the City of Winter Haven's utility system until all applicable fees and charges have been paid and/or agreed to. The applicant's utility service will be connected at the above stated service address. Any incorrect information given may result in disruption of service and/or additional service related charges.

The expansion/impact 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/impact 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. An evaluation of the expansion/impact fees may be conducted annually after one (1) year of occupancy of the facility. Additional use related fees shall be levied at that time if deemed appropriate. The applicant agrees to render payment of any additional fees should they be levied. Application expires one (1) year from request date.

On-site pets must be secured in areas away from water meter location(s) in order for utility staff to service/read meters. To prevent water damage, make sure all water faucets are turned off prior to the scheduled connection date, the City is not responsible for damages resulting from open or leaking fixtures. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address. I acknowledge the provisions of the City's Water Conservation Ordinance and water restrictions established by SWFWMD, the Florida Administrative Code and/or the City Manager. Violations may result in fines of up to \$500.

I hereby request utility service from the City of Winter Haven at the above service address and agree to pay all appropriate fees and charges as assessed. I agree to the statements listed above and acknowledge that, to the best of my knowledge, all the above information provided is true and correct. Incorrect information may result in disruption of service and/or additional service related charges.

\_\_\_\_\_  
Applicant Signature Print Name Date Time

# COMMERCIAL UTILITY SERVICE APPLICATION (cont.)

Type of Service: \_\_\_\_\_ Water only = W    Sewer only = S    Water and Sewer = B  
 Service Code: \_\_\_\_\_ Single Family = A    Multi Family = B    Non-residential\* = C

\*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 (aka occupational license) must be obtained. Please ask for information or call 863-291-5695.

Turn On:     Yes or No     Domestic Meter:     Yes or No     Domestic Meter Size: \_\_\_\_\_  
 Reset:     Yes or No     Reuse Irr. Meter:     Yes or No     Reuse Irr. Meter Size: \_\_\_\_\_  
 New Meter:     Yes or No     Potable Irr. Meter:     Yes or No     Potable Irr. Meter Size: \_\_\_\_\_

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

If an Irrigation Meter is needed, what will it be serving?

Model Home     Common Area     Entrance Way     Parks/ Amenities     Residential Lot     Other: \_\_\_\_\_

**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  
 Reuse Agreement Required?    YES    NO  
 Monthly Stormwater Fees:  
 SQ \$ \_\_\_\_\_    SM \$ \_\_\_\_\_  
 Credit Applied for On-Site Facilities:    YES    NO

**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

**Description**

**Amount**

Water Expansion/Impact Fee	\$ _____
Water Meter Set	\$ _____
Potable Irrigation Meter Set	\$ _____
Reuse Irrigation Meter Set	\$ _____
Water Main Extension	\$ _____
Wastewater Expansion/Impact Fee	\$ _____
Sewer Tap Inspection (per inspection)	\$ _____
New Water Acct. Service Charge	\$ _____
New Irrigation Acct. Service Charge	\$ _____
Meter Reset Fee	\$ _____
Other	\$ _____
<b>SUBTOTAL</b>	<b>\$ _____</b>
Deposit – Water & Sewer	\$ _____
Deposit – Garbage	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Engineering Services**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Annexation Letter Received/Signed? YES or NO

Reuse Agreement Received/Signed? YES or NO

**Utility Account/Field Services**

Deposit Amount: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Requested Turn On Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Notes: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF WINTER HAVEN  
STORMWATER UTILITY FEE CREDIT APPLICATION**

Name(s) of Property Owner(s): \_\_\_\_\_

Property(ies) Requesting Exemption: \_\_\_\_\_

(If Multiple Addresses Please Attach Listing) \_\_\_\_\_

Type of Business/Property Use: \_\_\_\_\_

Is on-site storm drain system publicly maintained? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Billing Address (If Different): \_\_\_\_\_

(If Multiple Addresses Please Attach Listing) \_\_\_\_\_

**Parcel ID #:** \_\_\_\_\_

Name of Development \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Utility Account #: \_\_\_\_\_

(If Applicable)

Acreeage: \_\_\_\_\_

Signature(s) & Date: \_\_\_\_\_

Signature

Date

Signature

Date

**TYPE OF CREDIT REQUESTED (Please Check All That Apply)**

*Documentation must be provided for any of the following*

<b>X</b>	<b>Type of Program/Practice</b>	<b>Fee Reduction</b>	<b>Permit # (if applicable)</b>	<b>Date of Permit Issuance</b>
	Southwest Florida Water Management District Surface Water Management Permit.	60%		
	City of Winter Haven Redevelopment one-half inch of runoff	40%		
	City of Winter Haven Redevelopment one-quarter inch of Runoff	20%		
	Other State permitting programs for water quality control	15%		
	Parking lot/street sweeping involving commercial sweeping Company	10%		
	Application of other non-structural best management practices	Maximum 5%		

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

**NEW MONTHLY FEE:**

Stormwater Quality Fee: \_\_\_\_\_

Stormwater Maintenance Fee: \_\_\_\_\_

**APPROVAL**

Yes	No	Comments

\_\_\_\_\_  
Jack Cancilla, Engineering Tech V Date

Additional Instructions to UA/FS:

\_\_\_\_\_  
Joey Murphy, Engineering Services Director Date

Calculations:

Land Use:

SQ=

SM=