

Complete Top Part of Form & Return to: City of Brooksville, 600 S. Brooksville Avenue, Brooksville, Florida 34601 (352) 540-3860 Voice (352) 544-5470 Fax

City of Brooksville, Florida Application Agreement for Water and/or Sewer

| Applicant: | | | Phone Numbers: | | | | | |
|---|--|------------------------------------|-----------------------------|--------------------------|--|--------|------------|--|
| Mailing Address: | | Fax: | | | | | | |
| Service Location: | | Email: | | il: | | | | |
| Site Information for Initial Installation (Mark all that apply) | | | | | | | | |
| New Construction: Yes () | No () | Existing Structure: Yes () No () | | | Number of Water Services | | | |
| Residential: Yes () | Yes () No () Inside City Limits: Yes | | | Size o | Size of Water Service (3/4", 1", 1 ½", 2") | | | |
| Irrigation meter – Limited to water and sewer customers Yes () No () Attach Irrigation plan/system so that the City can verify | | | | | Number of Sewer Services | | | |
| no additional 'Impact' fees | | | Size of | Sewer Service (4" or 6") | | | | |
| Signature of Owner/Age | | Appli | Application Agreement Date: | | | | | |
| Note: Sites must be staked at all corners. Flows other than individual single family platted lots must be certified by a Registered Professional Engineer. Approval of this request does not constitute a commitment by the City until all fees are paid, and if applicable, a utility service agreement is completed. Approval of this request does not waive any other applicable rules regulations, City Codes or the necessity to obtain other permits. All fees are subject to the rates in affect at the time of payment. This application expires 90 days from 'Application Agreement Date' unless all fees are paid. Note: If property is outside the City's corporate limits, but within the City's water and/or sewer service area, a power of attorney agreement will need to be completed allowing the City to annex the property that meets the criteria of Chapter 171, of the Florida Statutes. | | | | | | | | |
| Do Not Mark Below This Line – City Use Only | | | | | | | | |
| | | | | | | | | |
| A RPZ Backflow Assembly must be installed | | | | | | | | |
| Description | | Receipt Number | Amount | | by a certified Tester/Installer prior to activation of water service. Yes () No (| | | |
| Water Impact Fee | | | \$ | | Certifications | | | |
| Sewer Impact Fee | | | \$ | | Utility Superintendent (Signature & Date) | | re & Date) | |
| Water Hookup Fee | | | \$ | | | | | |
| Sewer Hookup Fee | | | \$ | | Finance (Signature & Date) | | te) | |
| Account Deposit | | | \$ | | | | | |
| Total Utility | | \$ | \ | Work Order Number: | | | | |
| Released For Permitting Official Review: | Signature: | | | | Date: | | | |
| | Print Name: | | | | | Phone: | | |