



**APPLICATION FOR  
WATER & WASTEWATER CAPACITY COMMITMENT  
SUBDIVISION & COMMERCIAL DEVELOPMENTS**

This space must be stamped received by Water Utilities

**Please Submit  
Form To:**

City of Lakeland Water Utilities Department, Engineering Division - 501 E. Lemon St. -W-ADMN/ENG, Lakeland FL 33801  
Phone: (863) 834-8316 Fax: (813) 834-6178 [WaterUtilitiesNewDev@Lakelandgov.net](mailto:WaterUtilitiesNewDev@Lakelandgov.net)

Project Name: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Inside City   
Outside City

Parcel ID(s): (List All in **RRTSS-SUBDIV-PARCEL** Format)

Property Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Developer: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Type of Development: (check all that apply)

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Commercial Site        | <input type="checkbox"/> PUD Concept | <input type="checkbox"/> Interior Remodel               |
| <input type="checkbox"/> Subdivision            | <input type="checkbox"/> DRI         | <input type="checkbox"/> Shell Build-out                |
| <input type="checkbox"/> Concept                | <input type="checkbox"/> Concurrency | <input type="checkbox"/> Change of Use<br>Tenant Change |
| <input type="checkbox"/> Other (describe) _____ |                                      |   |

Applicant: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

Commercial:

- |  |         |       |
|--|---------|-------|
| <input type="checkbox"/> Prof. Office / <input type="checkbox"/> Warehouse | # SqFt  | _____ |
| <input type="checkbox"/> Beauty Salon                                      | # Chair | _____ |
| <input type="checkbox"/> Restaurant  | # Seats | _____ |
| <input type="checkbox"/> Hotel/Motel / <input type="checkbox"/> Medical    | # Rooms | _____ |
| <input type="checkbox"/> Other (describe) _____                            |         |       |

Residential:

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> Single Family                | # Lots  | _____ |
| <input type="checkbox"/> Apartments                   | # Units | _____ |
| <input type="checkbox"/> Condominiums                 | # Units | _____ |
| <input type="checkbox"/> Town homes                   | # Units | _____ |
| <input type="checkbox"/> Duplexes                     | # Units | _____ |
| Additional needs (clubhouse, rec. center, pool) _____ |         |       |

Institutional:

- |   |            |       |
|---|------------|-------|
| <input type="checkbox"/> ACLF                   | # Rooms    | _____ |
| <input type="checkbox"/> School                 | # Students | _____ |
| <input type="checkbox"/> Day Care               | # Children | _____ |
| <input type="checkbox"/> Hospital               | # Rooms    | _____ |
| <input type="checkbox"/> Other (describe) _____ |            |       |

Industrial: (describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAPACITY REQUESTED :

- |                                     |           |                                     |           |
|-------------------------------------|-----------|-------------------------------------|-----------|
| Existing Consumption                |           | New or Additional Demand            |           |
| <input type="checkbox"/> Water      | gpd _____ | <input type="checkbox"/> Water      | gpd _____ |
| <input type="checkbox"/> Wastewater | gpd _____ | <input type="checkbox"/> Wastewater | gpd _____ |
| <input type="checkbox"/> Irrigation | gpd _____ | <input type="checkbox"/> Irrigation | gpd _____ |

Phased Project:

No  Yes # of Phases \_\_\_\_\_

**A SEPARATE APPLICATION MUST BE  
SUBMITTED FOR EACH PHASE**

Describe means/methods of calculation for each demand listed:

Applicant Signature: \_\_\_\_\_

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

**DO NOT WRITE IN SPACE BELOW—FOR OFFICE USE ONLY**

Project #	Basin #
Capacity Committed:	Date: _____
Water	_____ gpd
Wastewater	_____ gpd
Irrigation	_____ gpd
Parent/Child #	_____