



**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: (863) 834-6178 Email: 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/Tenant:

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
Tenant Change |
| <input type="checkbox"/> Other (describe) | | |

Applicant/Tenant:

Contact Name: _____
Email Address: _____
Phone: _____ Fax: _____
Address: _____

Commercial/Institutional:

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

Land Use

- Current Land Use _____
 Proposed Land Use _____

Industrial: (describe)

Land Use & Zoning must be approved to request water and wastewater allocations

CAPACITY REQUESTED :

New or Additional Demand

- Water gpd _____
 Wastewater gpd _____
 Irrigation gpd _____

Requesting Service From

- | | | |
|------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> COL | <input type="checkbox"/> Polk County | <input type="checkbox"/> Private |
| <input type="checkbox"/> COL | <input type="checkbox"/> Polk County | <input type="checkbox"/> Private |
| <input type="checkbox"/> COL | <input type="checkbox"/> Polk County | <input type="checkbox"/> Private |

Phased Project: **Please provide phasing data to allow tracking of total needs**

Yes Phase # ____ of ____ Phases No

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

Describe means/methods of calculation for each demand listed:

Applicant Signature: _____

Date: _____

Property Owner Signature (Required if different from applicant): _____

Date: _____

DO NOT WRITE IN SPACE BELOW—FOR OFFICE USE ONLY

Project # _____

Basin # _____

Capacity Committed: _____ Date: _____

Water	_____ gpd
Wastewater	_____ gpd
Irrigation	_____ gpd
Parent/Child # _____	