



City of St. Augustine

Request for Letter of Availability For City Water / Sewer Service

Public Works Department

Phone: (904) 825-1040

City Hall - 75 King Street

Fax: (904) 209-4286

P.O. Box 210

St. Augustine, FL 32085-0210

Email: UtilConnect@citystaug.com

This form is for **NEW** Water/Sewer Connections, **OR** to request a Change-of-Use for an existing building, Addition, Alteration or Service Upgrade, or other change to an existing building or service connection.

For **Utility Billing Account** questions, changes and transfers, call (904) 825-1037 or email UtilityBilling@citystaug.com for the City Customer Service Department.

(★ REQUIRED Information)

A-17 form Revised 06-30-2016

★ [Section 1] POINT OF CONTACT FOR THIS REQUEST

★ APPLICANT'S NAME: _____ ★ Daytime Phone #: _____
 Company or Business (If Applicable): _____ Fax #: _____
 Your **MAILING** address for Letter to be **mailed** to: _____ Email: _____
 ★ Street or P.O. Box: _____
 ★ City: _____ ★ State: _____ ★ Zip Code: _____

★ [Section 2] PROPERTY WHERE UTILITY SERVICE IS REQUESTED – STREET ADDRESS AND LEGAL DESCRIPTION

★ Property Street Address: _____
 ★ Property Appraiser Parcel Number(s) or STRAP Number(s): _____ ★ Subdivision: _____
 _____ ★ Lot(s): _____ ★ Block(s): _____
 _____ If EXISTING Building – Floor or Unit # (if applicable): _____

★ [Section 3] UTILITY SERVICES BEING REQUESTED

<input type="checkbox"/> Domestic (Potable) Water Meter Size: <input type="checkbox"/> 3/4-inch (typical residential service) <input type="checkbox"/> 1-inch <input type="checkbox"/> 2-inch <input type="checkbox"/> 3-inch <input type="checkbox"/> 4-inch <input type="checkbox"/> 6-inch <input type="checkbox"/> 8-inch	<input type="checkbox"/> Sanitary Sewer If requesting to add Sewer service to existing City Water Service: Current City Water Acct #: _____
<input type="checkbox"/> Fire Sprinkler Water Tap Size: <input type="checkbox"/> 2-inch <input type="checkbox"/> 4-inch <input type="checkbox"/> 6-inch <input type="checkbox"/> 8-inch <input type="checkbox"/> 10-inch <input type="checkbox"/> 12-inch	<input type="checkbox"/> OTHER Water Service - Describe Use: Annualized Average Daily Flow: _____ GPD Meter Size: <input type="checkbox"/> 3/4-inch <input type="checkbox"/> 1-inch <input type="checkbox"/> 2-inch <input type="checkbox"/> 3-inch <input type="checkbox"/> 4-inch <input type="checkbox"/> 6-inch <input type="checkbox"/> 8-inch <input type="checkbox"/> 10-inch
<input type="checkbox"/> Landscape Irrigation Water Annualized Average Daily Flow: * _____ GPD * <i>Not needed for a Single-Family Residential lot.</i> Meter Size: <input type="checkbox"/> 3/4-inch (typical residential service) <input type="checkbox"/> 1-inch <input type="checkbox"/> 2-inch <input type="checkbox"/> 3-inch <input type="checkbox"/> 4-inch <input type="checkbox"/> 6-inch <input type="checkbox"/> 8-inch	

★ [Section 4] REASON FOR UTILITY REQUEST

<input type="checkbox"/> NEW Construction	<input type="checkbox"/> New Construction: REPLACEMENT Building	EXISTING Building currently on private well or septic – Requesting FIRST-TIME Connection to: <input type="checkbox"/> City Water <input type="checkbox"/> City Sewer	EXISTING Building Currently Connected to City Utilities: <input type="checkbox"/> Change-of-Use <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Service Upgrade/Change Current City Acct #: _____ Existing Sq.Ft: _____ Proposed Sq.Ft: _____
EXISTING Building: <input type="checkbox"/> SEPARATION OF SERVICE <input type="checkbox"/> COMBINE SERVICE		Account # on Current City Utility Bill: _____	
Street Address(es) for New Water Meter(s): _____		Street Address(es) for Existing Water Meter(s): _____	

★ [Section 5] SPECIFIC PROPOSED USE OF PROPERTY OR BUILDING WHERE UTILITY SERVICE IS REQUESTED

<input type="checkbox"/> Single-Family House or Mobile Home	Multi-Family Number of Units: _____ <input type="checkbox"/> Duplex(es) <input type="checkbox"/> Apartments <input type="checkbox"/> Condos <input type="checkbox"/> Townhouses <input type="checkbox"/> Subdivision			
NON-RESIDENTIAL USES:				
<input type="checkbox"/> Office or Retail, Gross Sq.Ft: _____ Description of Office use, or Retail items: _____		<input type="checkbox"/> Medical / Dental Practice or Clinic Gross Sq.Ft: _____		
<input type="checkbox"/> Convenience Store Gross Sq.Ft: _____	<input type="checkbox"/> Vehicle/Boat Repair/Service/Sales Sales/Office Sq.Ft: _____ # Restrooms: _____	<input type="checkbox"/> Barber Shop / Beauty Salon / Spa # Service Chairs: _____	<input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Manufacturing Total Gross Sq.Ft: _____ Office Area Sq.Ft: _____ # Restrooms: _____	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> B&B/Inn/Resort # Guest Rooms: _____ # Self-Serve Washing Machines: _____
<input type="checkbox"/> Restaurant - # of Full- Service Seats: _____ (china plates, glasses & cups, re-usable, washable utensils)	<input type="checkbox"/> Restaurant - # of Single- Service Seats: _____ (paper or plastic plates & cups, plastic utensils; nothing washable)	<input type="checkbox"/> Bar or Game Room # of Seats: _____	(NO seating) <input type="checkbox"/> Carry-Out / Catering Only Gross Sq.Ft: _____	(NO seating) <input type="checkbox"/> Deli <input type="checkbox"/> Bakery <input type="checkbox"/> Meat/Other Market Gross Sq.Ft: _____
Other Use from City Code Chapter 26-53 (library.municode.com/HTML/10951/level3/PTIICOOR_CH26WAWA_ARTIIICOCHRA.html#PTIICOOR_CH26WAWA_ARTIIICOCHRA_S26-53WAWAFL):				

Letters will typically be generated within 3 business days to 2 weeks from date of inquiry. Please allow time for this process.

Please attach additional information as needed. Submitting this Request form does **not** guarantee service and does **not** commit the Applicant to any further action. The City Public Works Dept will respond by letter to the person listed as the Applicant. Submitting incomplete or inaccurate information will result in a delayed response. Changes to information provided may void this form and require a new application.

★ Signature of Applicant: _____

★ Date: _____