



City of St. Augustine

Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210
Phone: (904) 825-1040
Fax: (904) 209-4286

Request for Letter of Availability

PLEASE PRINT OR TYPE

1. POINT OF CONTACT FOR THIS APPLICATION

APPLICANT'S NAME: _____ Daytime Phone No.: _____
Business Name: _____ Fax No.: _____
(if applicable) _____ (for a response by fax) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

2. LEGAL DESCRIPTION AND STREET ADDRESS(ES) OF PROPERTY WHERE UTILITY SERVICE IS REQUESTED

Lot(s) _____ Block(s) _____
Subdivision _____ Parcel No.(s) _____
E911 Street Address(es) _____

3. UTILITY SERVICES REQUESTED

Domestic Water Sewer
 Fire Sprinkler Irrigation Water
Size of service requested _____ inch Annualized average daily flow _____ gpd
Size of meter requested _____ inch

4. REASON UTILITY SERVICE IS REQUESTED (Check only one box)

New Construction New Construction (Replacement building on all or part of the same property) New Residential Construction "**Affordable Housing**" per City Resolution 2004-13
 Existing building currently connected to City water and sewer (Addition / Alteration / Change of Use) Existing building currently connected to private well and/or septic tank (Requesting first-time connection to City utilities)
 Separation of service Address on current City utility bill _____
E911 Address to be served by existing water meter _____
E911 Address(es) to be served by new water meter(s) _____

5. SPECIFIC PROPOSED USE OF PROPERTY OR BUILDING WHERE UTILITY SERVICES ARE REQUESTED

Single-family house or mobile home Multifamily (duplex/apartments/subdivision)
Number of Units _____
 Non-residential Specific Type of Use** _____ Sq. Ft. _____

** If Hotel / Motel / Inn / Bed & Breakfast, indicate number of guest bedrooms: _____
Full service seats (china plates, glasses & cups, reusable utensils) _____ # Single service seats (paper or plastic plates & cups, plastic utensils) _____ Carry out only _____

The City Public Works Department will respond to this application by letter to the PERSON listed above as the applicant.

Submitting incomplete or inaccurate information will result in a delayed response.

Changes to the information provided may void this application and require a new application.

Signature of Applicant

Date