



**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

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
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 # _____