



CITY OF SARASOTA - NEIGHBORHOOD AND DEVELOPMENT SERVICES

-UTILITY COST ESTIMATE APPLICATION-

Return to: Engineering Division, 1565 1st St. Sarasota, FL 34236 – Ph. 365-2200 ext 4375, Fax: 954-4178

Mail checks payable to: City of Sarasota – Mail to: (P.O. Box 3439) Sarasota, FL. 34230

Make Payments in person to: Public Works – 1761 12th Street – Office located on First floor

Please fill out **Yellow Section** to the best of your knowledge

Address:		Date:	QS Map #:
Legal Description Required		Applicant Information	
Sarasota County PID #		Owner Name:	
Lot:	Block:	Company Name:	
Subdivision:		Address:	
Is property located in the City? Y N		City:	State: Zip:
If no, have you applied for annexation? Y N		Cell #	Home #
Utility Services Requested (√, number, size/inch)			
<input type="checkbox"/> Single-Family	<input type="checkbox"/> Domestic Water Meter	No. _____	Size _____
<input type="checkbox"/> Multi-Unit # _____	<input type="checkbox"/> Irrigation Water Meter	No. _____	Size _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Fire Line	No. _____	Size _____
<input type="checkbox"/> Multi-Use	<input type="checkbox"/> Sanitary Sewer Service	No. _____	Size _____
	<input type="checkbox"/> Reuse	No. _____	Size _____
Description of Utility Locations Requested (description, or n/a)			
WATER:		SEWER:	
REUSE:		IRRIGATION:	
FIRELINE:			
To the best of my knowledge, the above information is correct _____			
(Applicant Signature)			
FOR CITY USE ONLY			
CONDITIONS FOR SERVICE			ESTIMATED COST
<input type="checkbox"/> FDEP Permit Approval Water <input type="checkbox"/> Sewer <input type="checkbox"/>			Water: _____
<input type="checkbox"/> Construction by applicant: Service line to utilities:			Sewer: _____
<input type="checkbox"/> Back Flow Device Required: RPZ: ____ DDC: ____ DC: ____			Reuse: _____
<input type="checkbox"/> Utility Deposit and Administrative Processing Fee Required			Deposit: _____
<input type="checkbox"/> Other:			Serv. charge: _____
<input type="checkbox"/> Separating meters from:			TOTAL: _____
Approved By _____		Date: _____	Application No: _____