



City of Lake City

Customer Service

205 North Marion Avenue
Lake City, Florida 32055-3918
Telephone (386) 752-2031 / Fax (386)719-5837

APPLICATION FOR WATER /SEWER/GAS TAP-CAPACITY COMMITMENT

Project Name: _____ Date/Time: _____

Service Address: _____

Applicant Name: _____ Telephone Number: _____

Applicant's Agent: _____ Telephone Number: _____

Business Name: _____ Telephone Number: _____

Parcel ID #'s: _____

Mailing Address: _____

Requested Water Capacity: No Yes, in the amount of _____ gpd/gph
Requested Sewer Capacity: No Yes, in the amount of _____ gpd/gph
Requested Gas Capacity: No Yes, in the amount of _____ btu/unit

Application For: Water/Tap Size _____ Sewer/Tap Size _____
Irrigation/Tap Size _____ Gas/Tap Size _____

Meter Size /Quantity: 3/4" ___ 1" ___ 1/1/2" ___ 2" ___ 6" ___ Other Specify ___

Within City limits: Yes No

Fire Protection: No Yes, Diameter of new mainline _____
Quantity of new Hydrants: _____

Growth Management Zoned: _____ Residential Commercial Industrial

The above named applicant request that an inspection be made by The City of Lake City for verification of available services based on address, parcel numbers, lot numbers, etc. Upon confirmation of both capacity and or availability, the applicant will be notified and provided a "Cost Estimate/Tap & Impact Fees" summary.

NOTE: This is only an estimate, fees are subject to change.

Applicant: _____ Date: _____

Service Available Date Requested Date: _____

Billing will begin upon completion of tap.

OFFICE USE ONLY:

Wastewater Capacity Available

Director _____

Date _____

Collections/Distribution Available

Director _____

Date _____

Water Capacity Available

Director _____

Date _____

Natural Gas Available

Director _____

Date _____

The Greater Lake City Regional Utility Authority has reviewed the applicants request for availability/reserved capacity. Upon this evaluation service connection has been

Accepted
Declined due to _____

Greater Lake City Regional Utility Authority - Customer Service

Application Fee Paid

Application Number: _____

Amount: \$ _____ . _____ Check # _____ Type of Establishment _____

Additional Information:

Tap and Impact

Representative _____

Date _____