

APPLICATION FOR CAPACITY RESERVATION FEE CREDIT

NOTE: ACCEPTED APPLICATIONS ARE VALID FOR 1 (ONE) YEAR AND MUST BE RENEWED ANNUALLY

APPLICANT _____ APPL. NO. _____

OWNER _____

MAILING ADDRESS _____
NO. STREET CITY ZIP CODE PHONE

SERVICE ADDRESS _____
NO. STREET CITY ZIP CODE

LEGAL DESCRIPTION: TWNSHP _____ RANGE _____ SECTION _____

LOT/PARCEL _____ BLOCK _____ SUBDIVISION _____

WWTP _____ OTHER INFORMATION _____

TYPE OF APPLICATION: REGULAR LIMITED CAPACITY

SGL FAM RES: No. of Bedrooms: _____ FLOW _____ GPD _____

MULTI-FAMILY: Number of Units _____

DEP PERMIT NO. _____ SITE ACREAGE _____

COMMERCIAL: TYPE _____ ESTIMATED FLOW _____

Estimated Flow _____ / 200 GPD = ERC's (Equiv Res Conn) _____

SIGNATURE OF APPLICANT _____ DATE _____

CAPACITY IS RESERVED FROM _____ TO _____
MONTH DAY YEAR MONTH DAY YEAR

ANNUAL RESERVATION RENEWED FROM _____ TO _____ BY _____
MONTH DAY YEAR MONTH DAY YEAR COUNTY STAFF

ANNUAL RESERVATION RENEWED FROM _____ TO _____ BY _____
MONTH DAY YEAR MONTH DAY YEAR COUNTY STAFF

ANNUAL RESERVATION RENEWED FROM _____ TO _____ BY _____
MONTH DAY YEAR MONTH DAY YEAR COUNTY STAFF

CONCURRENCY CERTIFICATION

Capacity Reservations for Sanitary Sewer Service is hereby Certified for the above specified Construction and reservation time period. It is the Owner's responsibility to insure that the Capacity Reservation is renewed or if Concurrency Certification is lost for any reason, NO Certificate of Occupancy will be issued for this Application.

GOVERNMENTAL JURISDICTION: _____ BREVARD COUNTY _____

AUTHORIZED SIGNATURE AND TITLE DATE