



**REQUEST FOR VERIFICATION OF PORTABLE/IRRIGATION WATER  
AND SANITARY GRAVITY SEWER AND ASSOCIATED COSTS**

**CITY OF ORMOND BEACH, FL - Public Works Department**

DATE:  Applicant Name:

Property Address:

Phone #:

Tax Parcel No:  -  -  -  Subdivision:

**Check One:**  Within City Limits  Unincorporated

**Check One:**  Residential  Commercial

This is required to be completed by the Utilities Division and a copy to be submitted to the Building Division prior to issuance of a building permit.

**SEWER REQUEST**

Sanitary sewer is available:  Yes  No

Force Main is available:  Yes  No

Time / Materials / Equipment (if applicable)

/  /

Lift station to be designed by an engineering firm

**REUSE WATER REQUEST**

Sanitary sewer is available:  Yes  No

Time / Materials / Equipment (if applicable)

/  /

**POTABLE WATER REQUEST**

Potable water is available:  Yes  No

Line Extension Fee:

**IRRIGATION METER REQUEST**

New Tap and Line required:  Yes  No

T-off allowed:  Yes  No

Line Extension Fee:

Comments:

Signature of Utilities Division Official

Updated 09.2014