

Port St. Lucie Utility Systems Department

Utility Service Information

Telephone: (772) 873-6400

Email: UtilEng@cityofpsl.com

Submit completed worksheet, applicable plans and fees.

1. **Project Name:** _____ **Business Name:** _____
Plaza Name: _____

2. **Type Of Establishment:** _____ **Square Footage:** _____
(Be Specific: i.e., Restaurant, Doctor's Office, Real Estate Office,)

3. Applicant: (Owner of Business)

Name: _____ Title: _____

Company Name: _____ Tax ID #: _____

Mailing Address: _____

E-Mail Address: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

4. Service Address Of Facility:

Include Bay/Suite Number	Street Address	Bay/Suite Number
_____	_____	_____
_____	City	State Zip

5. Type Of Service Requested: (Check appropriate boxes)

	Water	Wastewater	Fire Protection	Irrigation
Proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Line Required: Yes _____ **If Yes, Indicate Line(s) And Size(s):** _____
No _____

6. **Water Meter Upgrade:** YES _____ NO _____

7. **Interior Changes/Upgrades:** YES _____ (plans included and will be retained by PSLUSD) NO _____

8. **Fee Included:** \$ _____

FOR PSLUSD OFFICE USE ONLY

Project Name: _____ File No.: _____ Sub-File No.: _____

Fee Receipt No: _____ By: _____ Date: _____

ERC's Reserved: _____ ERC's used – historical: _____ (attach historical)

Effective Date: 10/01/2013

PSLUSD Doc No. 116

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8. Proposed Hours Of Operation:

Monday: _____ AM to _____ PM Friday: _____ AM to _____ PM
Tuesday: _____ AM to _____ PM Saturday: _____ AM to _____ PM
Wednesday: _____ AM to _____ PM Sunday: _____ AM to _____ PM
Thursday: _____ AM to _____ PM

9. Flow Derivation (Select only One Category – A or B or C or D)

Check the appropriate category used to determine the ERC flows for your project.

A. Estimated by the PSLUSD: The applicant can defer to the PSLUSD to estimate water usage.

B. Historical ERC Data based on current usage: See our [historical flow use instructions](#) Section 61.11(9) of the City Code.

Calculated ERCS: _____ (attach all historical data)

C. Fixture Unit Method: See the Florida Plumbing Code [fixture units table](#) for fixture units.

Total ERC Value = $\frac{\text{Number of Fixture Units}}{20}$

Fixture Units _____ ÷ 20 = _____ ERCS

D. ERC Determination Table: See our [ERC Determination Table](#) for ERC factors. Section 61.11 of the City Code.

Type of Establishment (Per ERC Table,):

Applicable "Units": _____ No. Of Beds: _____

Square Feet: _____ No. Of Seats: _____ (including bar & outdoor seating)

Employees: Total No. _____ Per Shift _____ Shifts per Day _____

Other: _____

ERC Factor: _____ x Units = _____ ERCS

By my signature below, I acknowledge that approval of this application may result in a modification to the Utility Service Agreement for this property and may require property improvements and the payment of additional fees.

Signature of Applicant (Owner of Business)

Date

Signature of Owner / Owner's Agent (Owner of Property)

Date