



CITY OF PORT ST. LUCIE  
UTILITY SYSTEMS DEPARTMENT

Phone: (772) 873-6400

Fax: (772) 871-7615

Email: Utileng@cityofpsl.com

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**APPLICATION FOR PERMIT TO CONSTRUCT A WATER MAIN/DISTRIBUTION SYSTEM**

Instructions: Two (2) copies of this form must be completed and submitted along with a signed Utility Service Agreement, and applicable charges/fees. All information is to be typed or printed in ink and all blanks must be filled. Failure to submit a complete application or required documents will result in the application being returned to the applicant.

1. Applicant Information

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Project Information

Name of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

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New Permit: \_\_\_\_\_ Permit Modification: \_\_\_\_\_ (Associated Permit #): \_\_\_\_\_

3. Water Main Extension / Distribution System Information

Water Treatment Facility:  Prineville/James E. Anderson

Pipe lengths and sizes: \_\_\_\_\_

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Design Flow: \_\_\_\_\_ gpd      Number of ERCs: \_\_\_\_\_ (Based on Capacity Worksheet)

Project Name: \_\_\_\_\_

4. Professional Engineer in Responsible Charge of Designing Project

Name of Engineer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

5. Applicant's Certification

I, the undersigned owner or authorized representative\* of \_\_\_\_\_ am fully aware that the statements made in this application are true, correct and complete to the best of my knowledge and belief. I am fully aware that it is my responsibility to construct the water main /distribution system and transfer the ownership of the system to the City of Port St. Lucie Utility System Department (PSLUSD), in compliance with requirements of the executed PSLUSD Utility Service Agreement. I agree to retain a professional engineer, as indicated on this application, to observe construction of the project in accordance with applicable FDEP rules, codes and PSLUSD Utility Standards.

\* Notarized Letter of Authorization is required

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_