



**APPLICATION FOR  
WATER/WASTEWATER SERVICE**  
CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1100 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_  
 PERMIT FEES DUE: \$ \_\_\_\_\_  
 RECEIPT NO: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Irrigation: \_\_\_\_\_ METER SIZE: \_\_\_\_\_

Legal Description: Sec. \_\_\_\_\_, Twnshp. 28, Rng. 16, Subdivision \_\_\_\_\_, Blk. \_\_\_\_\_, Lot \_\_\_\_\_

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

Owner or Authorized Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**6th EDITION (2017) FLORIDA PLUMBING CODE APPLIES**

**IRRIGATION METERS ONLY:** Irrigation meters will be placed next to present meter only. Appointment cannot be made for installation. Homeowner will be responsible for installing systems to meter.

If commercial, complete the following:

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Person Responsible for Bill: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO BE COMPLETED BY THE CITY**

METER SIZE: \_\_\_\_\_ DATE: \_\_\_\_\_ WORK ORDER NO: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

Water Impact Fee: \_\_\_\_\_ Sewer Impact Fee: \_\_\_\_\_

Water Connection: \_\_\_\_\_ Sewer Connections: \_\_\_\_\_

Meter Installation: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

Approved by Utilities Superintendent: \_\_\_\_\_

Approved by Water Department Supervisor: \_\_\_\_\_

Meter number: \_\_\_\_\_ Installed: \_\_\_\_\_ Square Foot Bldg: \_\_\_\_\_

This building will be sprinkled: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a fire hydrant on this property: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of ERU's: \_\_\_\_\_