



**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: _____