



PERMIT #: _____

PERMIT APPLICATION DATE.: _____

**CITY OF VENICE
WATER / SEWER SERVICE REQUEST CAPACITY FORM**

ONCE FEES ARE PAID, CONTACT UTILITIES AT 941-480-3333 OR UTILITIESSERVICES@VENICEFL.GOV TO MAKE NOTIFICATION THAT LOCATION IS READY FOR METER. METER WILL NOT BE SET UNTIL NOTIFICATION HAS BEEN RECEIVED AND ONLY AFTER UTILITY SYSTEM HAS BEEN TURNED OVER TO THE CITY OF VENICE

PROPERTY ADDRESS:		LOT #:	
SUBDIVISION:			
OWNER:		PHONE:	
CONTRACTOR:		PHONE:	
NUMBER OF UNITS:	TYPE OF STRUCTURE:		
_____ Units	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Unit	<input type="checkbox"/> Residential

NEW/EXISTING:	<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
SIZE OF METER REQUESTED:	_____ inch(s)	NUMBER OF METERS REQUESTED:	_____

METER TYPE:	<input type="checkbox"/> Water	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Irrigation ↴ Is this a "Y" off service? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SEWER CONNECTION:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY
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Signature of Owner / Contractor

Date