Construction Application Requirements

Please read all documents carefully and include the documentation with your application

- Building Permit – Actual Permit or Copy – * Permit numbers NOT acceptable *
- Plumber's name and telephone number
- Irrigation Service—The flow per minute of the largest irrigation zone (25 or 30 gpm for example) must be provided on the application
- All fees are to be paid at the time of application for service.

WATER OR IRRIGATION SERVICE - TEMPORARY & PERMANENT SERVICE

- The customer must complete a service application at the address shown above.
- A service order will be routed to Water & Sewer Department
- Water & Sewer Department will schedule date and time meter will be set
*For specific information, please call Water & Sewer (772) 978-5220

The Customer Service staff CANNOT provide a date or time for the installation of any meter and/or utility service.
New Construction – Account Information Sheet – Residential

APPLICANT’S NAME: _______________________________________________________

CONTACT PERSON: ___________________________ TEL. NO.: _____________________

E-MAIL ADDRESS: ___________________________ CELL NO.: _____________________

ACCOUNT HOLDERS NAME: ___________________________________________________

BILLING ADDRESS: (Street) _________________________________________________

(City) ___________ (State) ___________ (Zip) ________________________________

Business/ Property Owner Information

Owner’s Name & Number _____________________________________________________

(Name) (Cell Phone# or Other Contact #)

Owner’s Drivers License No. _________________________________________________

State: _________ DOB: __________

TELEPHONE NO: _________________ FAX NO: _________________

ACCOUNT CONTACT PERSON: ___________________________ TEL. NO.: ___________

E-MAIL ADDRESS: ___________________________ CELL NO.: _____________________

NEW SERVICE INFORMATION

NO. BLDGS __________

SERVICE ADDRESS: _______________________________________________________

OWNER: ___________________________ TEL. NO.: ___________________________

☐ Temporary Water ☐ Permanent Water

Plumber’s Name: ___________________________ Phone: _______________________

Total Square Footage: ___________________________

Job Description: (i.e. Temporary Service to build Single Family Residence – Temporary Service for Construction Trailer – Permanent Service for __ - Temporary to Permanent Service for__ etc

________________________________________________________________________

Customer Signature: ___________________________ Date: _______________________

If this application is for a rebuild / remodel – please complete the Residential Tear Down / Rebuild form.
Please provide all service information for the structure(s) that have been or will be torn down. This information will be used to calculate any credit(s) that may be due.

APPLICANT’S NAME: ____________________________________________

CONTACT PERSON: ___________________________ TEL. NO.: ___________________________

E-MAIL ADDRESS: ___________________________ CELL NO.: ___________________________

ACCOUNT HOLDERS NAME: ____________________________________________

EXISTING SERVICE INFORMATION
(For rebuild / remodel on an existing building)

Water Meter Size: ____________” Irrigation Meter Size: ____________”

Water Meter Size: ____________” Irrigation Meter Size: ____________”

Water Meter Size: ____________” Irrigation Meter Size: ____________”

Sewer Service: __________ Yes __________ No

Customer Signature: ___________________________ Date: ___________________________
RESIDENTIAL NEW CONSTRUCTION PACKET
CITY OF VERO BEACH UTILITIES
Water Meter Sizing and Sewer Connection Information
For Residential and Multi-Dwelling Service Applications

DATE: ______________________

CONTRACTOR: ______________________ ACCOUNT NO. ______________________

OWNER: ______________________ SERVICE ADDRESS: ______________________

LOT: _______________ BLOCK: _______________ SUBDIVISION: ______________________

SERVICE LOCATION: CITY ______ COUNTY ______ INDIAN RIVER SHORES ______

SINGLE LIVING UNIT _______ MULTI-DWELLING HOUSE MTR _______ NUMBER OF UNITS ______

PRIVATE FIRE LINE: NO _____ YES _____ SIZE _______

CITY SEWER _______ SEPTIC TANK _______ PRIVATE LIFT STATION _______

IRRIGATION SYSTEM: NO _____ CITY _____ WELL _____ NON POTABLE ______

DEMAND FOR LARGEST IRRIGATION ZONE: ________ Gallons Per Minute

Please enter the number of fixtures in the spaces provided

Bathtub ________ Toilet Tank ________ Kitchen / Veg Sink ________ Washing Machine ________

Shower ________ Urinal ________ Dish-washer ________ Laundry Tub ________

Bidet ________ Wet Bar ________ Hose Bib ________ Shower & Bathtub Combo ________

Lavatory ________

Comments:

I certify that the information contained on this form is complete and accurate. I understand that if the information furnished is incomplete or inaccurate, the City may withhold or discontinue service until the correct information is furnished and the correct size meter is installed.

____________________________ ______________________
Name Printed Signature

Effective April 2007