

Instructions for Completing Application for Change of Existing Commercial Service

General Instructions: Careful attention to providing the required application information expedites the **FLORIDA GOVERNMENTAL UTILITY AUTHORITY (FGUA)** review process and enables it to respond within a **10-working day time frame**. Furthermore, the information provided by applicants is needed to calculate and notify them of impact and connection fees due.

INCOMPLETE APPLICATIONS COULD DELAY FGUA RESPONSE TIME

Upon completion of this application please return to the local customer service office for further processing:

Pasco County Systems

6915 Perrine Ranch Road
New Port Richey, FL 34655
Ph: 727-372-0115
Fax: 727-372-2677

Lehigh Acres and North Fort Myers (Lee County)

9841 Bernwood Place Drive, Unit 120
Fort Myers, FL 33966
Ph: 239-368-1615
Fax: 239-368-7486

Ph: 239-543-1005
Fax: 239-543-2226

Former Aqua Systems

**(Alachua, Putnam, Marion,
Lake, Volusia, Seminole, Orange
Polk and Citrus Counties)**

510 Hwy 466
Lady Lake, FL 32159
Ph: (877) 657-8889
Fax: 352-633-9183



FLORIDA GOVERNMENTAL UTILITY AUTHORITY FORM B

Application for Change of Existing (Commercial) Service Connection

1. Name and address of **PROPERTY OWNER** or **PROPERTY LESSEE** (this is the name the FGUA account will be issued under): *If leasing the property, a copy of the current lease agreement will be required*

a. NAME and COMPANY NAME (if applicable):

b. MAILING ADDRESS (including City, State and ZIP):

c. PHONE NUMBER AND/OR EMAIL ADDRESS:

2. **NEW** Business **NAME** (ex. Jane's Deli and Grocery)

a. Proposed New Business Name _____

3a. **Previous Business TYPE**

- | | |
|---|---|
| <input type="checkbox"/> Bar/Cocktail Lounge
No. of Seats: _____ | <input type="checkbox"/> Nursing Home
No. of Beds: _____ |
| <input type="checkbox"/> Beauty Shop
No. of Seats: _____ | <input type="checkbox"/> Office Building
Sq. Ft.: _____ |
| <input type="checkbox"/> Church/Place of Worship
No. of Seats: _____ | <input type="checkbox"/> Restaurant & Bar
No. of Seats: _____ |
| <input type="checkbox"/> Day School
No. of Students: _____ | <input type="checkbox"/> Restaurant (Fast Food w/ seats)
No. of Seats: _____ |
| <input type="checkbox"/> Factory
Sq. Ft.: _____ | <input type="checkbox"/> Restaurant (Take Out ONLY, no seats)
Sq. Ft.: _____ |
| <input type="checkbox"/> Gas Station
Car Wash: YES / NO | <input type="checkbox"/> Retail Store
Sq. Ft.: _____ |
| <input type="checkbox"/> Hospital
No. of Beds: _____ | <input type="checkbox"/> Shopping Center
Sq. Ft.: _____ |
| <input type="checkbox"/> Hotel/Motel
No. of Rooms: _____ | <input type="checkbox"/> Speculative Building
Sq. Ft.: _____ |
| <input type="checkbox"/> Laundromat
No. of Machines: _____ | <input type="checkbox"/> Warehouse
Sq. Ft.: _____ |
| Other: _____ | |

3b. Proposed NEW Business TYPE

- Bar/Cocktail Lounge
No. of Seats: _____
- Beauty Shop
No. of Seats: _____
- Church/Place of Worship
No. of Seats: _____
- Day School
No. of Students: _____
- Factory
Sq. Ft.: _____
- Gas Station
Car Wash: YES / NO
- Hospital
No. of Beds: _____
- Hotel/Motel
No. of Rooms: _____
- Laundromat
No. of Machines: _____
- Other: _____

- Nursing Home
No. of Beds: _____
- Office Building
Sq. Ft.: _____
- Restaurant & Bar
No. of Seats: _____
- Restaurant (Fast Food w/ seats)
No. of Seats: _____
- Restaurant (Take Out ONLY, no seats)
Sq. Ft.: _____
- Retail Store
Sq. Ft.: _____
- Shopping Center
Sq. Ft.: _____
- Speculative Building
Sq. Ft.: _____
- Warehouse
Sq. Ft.: _____

If a change in use occurs at any time that results in a larger flow demand, the property will be assessed the applicable difference in capacity impact fees in accordance with FGUA policy and the rates in effect at the time of the application. The balance due will be paid on demand. Additional backup information may be requested by FGUA staff prior to determining a final approval and/or balance of fees due.

4. Estimated date service is required:

5. Property street address and Property ID (Strap No.): **This information should be obtained from the county property appraiser's website**

a. PROPERTY ID (STRAP NO.):

b. PROPERTY'S PHYSICAL ADDRESS:

Signed: _____

Date: _____

Printed Name: _____

Title: _____

Telephone: _____

Email Address: _____

FOR OFFICE USE ONLY

System: Aqua-Lake Aqua-Pasco Aqua-Unified Consolidated Lehigh
Lindrick North Fort Myers Pasco

Sub-System Name (if applicable): _____ County: _____

Services Available:

Water - Meter Size: _____ Wastewater
 Potable Water for Irrigation - Meter Size: _____
 Reclaimed Water - Meter Size: _____ Fire Protection - Meter Size: _____

I have checked the information provided by the customer in this application and have verified all details within the billing system and find them to be accurate. I have also verified the following attachments have been included:

- Current Lease (if applicable)
- Property Appraiser Parcel Information Card OR Recorded Warranty Deed

Customer Service Representative: _____ Date: _____