

City of Apalachicola
1 Avenue E
Apalachicola, FL 32320
850-653-9319 / 850-653-2205 fax

Request for Letter of Availability

POINT OF CONTACT FOR THIS APPLICATION

NAME: _____ DAYTIME TELEPHONE: _____

BUSINESS (if applicable): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LEGAL DESCRIPTION AND STREET ADDRESS OF PROPERTY WHERE UTILITY SERVICE IS REQUESTED

BLOCK(S): _____ LOT(S): _____

SUBDIVISION: _____ PARCEL # _____

911 ADDRESS: _____

Required.....Contact P & Z Annex if you need 911 Address -850-653-9783)

UTILITY SERVICE REQUESTED

Domestic Water Size of service requested: _____ inch
 Fire Sprinkler System Size of meter requested: _____ inch
 Sewer

REASON UTILITY SERVICE IS REQUESTED

New Construction
 Addition / Alteration or change of use
 Existing building currently connected to private utilities

SPECIFIC PROPOSED USE OF PROPERTY OR BUILDING WHERE UTILITY SERVICES ARE REQUESTED

Residential # of dwelling units _____
 Non-Residential Specific type of use _____
If Hotel / Motel / Inn / Bed & Breakfast, indicate number of rooms _____

The City utilities department will respond to this application by letter to the person listed above as the applicant. Submitting an incomplete application may result in no action being taken.

This application, when submitted becomes part of the Public Record of the City of Apalachicola. All the information provided is accurate to the best of my knowledge. Any change in information provided may void this application and require a new application.

Signature of Applicant _____ Date _____

For Office Use Only
Date received: _____ Work Order issued: _____
Work Order Returned: _____ Letter to applicant mailed: _____