192 Coach Wagoner Blvd. Apalachicola, FL 32320
850-653-9319 / 850-653-2205 fax
applications@cityofapalachicola.com

REQUEST FOR LETTER OF AVAILABILITY

POINT OF CONTACT FOR THIS APPLICATION

NAME or Business:_____ **DAYTIME PHONE**:_____

EMAIL: _____

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 UTLITY 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's Utility Department will respond to this application via email 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: _____