CITY OF SARASOTA – DEPARTMENT OF UTILITIES
-UTILITY COST ESTIMATE APPLICATION-

Return to: Utilities Department, 1750 12th St. Sarasota, Fl 34236 – Ph. (941) 955-2325, Fax: 365-4840
Mail checks payable to: City of Sarasota – Mail to: (P.O. Box 3439) Sarasota, FL. 34230
Make Payments in person to: Utilities Billing Office – 1761 12th Street – Office located on First floor

Please fill out Yellow Section to the best of your knowledge

Address:	**Date:**	**QS Map #:**

Legal Description Required	**Applicant Information**
Sarasota County PID #	Owner Name:
Lot: Block:	Company Name:
Subdivision:	Address:
Is property located in the City? Y/N	City: State: Zip:
If no, have you applied for annexation? Y/N	Cell #( ) Home # ( )

Utility Services Requested (√, number, size/inch)

☐ Single-Family	☐ Domestic Water Meter No. _____ Size _____
☐ Multi-Unit # _____	☐ Irrigation Water Meter No. _____ Size _____
☐ Commercial	☐ Fire Line No. _____ Size _____
☐ Multi-Use	☐ Sanitary Sewer Service No. _____ Size _____
	☐ Reuse No. _____ Size _____

Description of Utility Locations Requested (description, or n/a)

WATER:	**SEWER:**
REUSE: **FIRELINE:**	**IRRIGATION:**

To the best of my knowledge, the above information is correct _____
(Applicant Signature)

FOR CITY USE ONLY

CONDITIONS FOR SERVICE	**ESTIMATED COST**
☐ FDEP Permit Approval Water ☐ Sewer ☐	Water: _____
☐ Construction by applicant: Service line to utilities:	Sewer: _____
☐ Back Flow Device Required: RPZ: ____ DDC: ____ DC: ___	Reuse: _____
☐ Utility Deposit and Administrative Processing Fee Required	Deposit: _____
☐ Other:	Serv. charge: _____
☐ Separating meters from:	TOTAL: _____
Approved By _____ Date: _____	Application No: _____

COSUTI-002: Rev. 05/2017