

City of Sarasota

OFFICE USE ONLY
DATE _____
RECEIVED: _____

APPLICATION FOR UTILITIES CONSTRUCTION PERMIT

PLEASE TYPE OR PRINT BELOW IN INK

THIS APPLICATION SHALL BE MADE BY PERMIT ISSUED TO THE UNDERGROUND UTILITY CONTRACTOR ACTUALLY PERFORMING THE WORK HEREON STATED. PERMITTEE SHALL, UPON COMPLETION OF WORK, OBTAIN APPROVALS INDICATED ON THE PERMIT FROM FDEP, DESIGNATED COUNTY PERMITTING AGENCIES, AND, WHEN APPLICABLE, THE CITY OF SARASOTA BUILDING DEPARTMENT PRIOR TO ACCEPTANCE BY THE UTILITIES DEPARTMENT.

APPLICATION IS HEREBY MADE TO INSTALL THE FOLLOWING FACILITIES:		<input type="checkbox"/> WATER LINE(S)	<input type="checkbox"/> WASTEWATER LINES (S)
<input type="checkbox"/> LIFT STATION/LOW PRESSURE	<input type="checkbox"/> FORCE MAIN	<input type="checkbox"/> FIRE LINE/BACKFLOW ASSEMBLY	<input type="checkbox"/> METER _____

COS RIGHT-OF-WAY USE PERMIT NUMBER NO.	FDOT PERMIT #	
WATER DISTRIBUTION FDOH/FDEP PERMIT NO.	CERTIFIED UNDERGROUND UTILITY CONTRACTORS LIC #	
SANITARY SEWER/FORCE MAIN/LS FDEP PERMIT		GENERAL CONTRACTOR LIC#
CITY OF SARASOTA BUILDING DEPT. PERMIT #	STATE FIRE SPRINKLER LIC.#	

THIS APPLICATION MUST BE ACCOMPANIED BY:

- 1) TWO (2) SETS OF ENGINEERS APPROVED CONSTRUCTION PLANS
- 2) DIGITAL PDF OF ENGINEER APPROVED CONSTRUCTION PLANS AND SUBMITTALS FOR ALL MATERIAL TO BE INSTALLED
- 3) COPIES OF FDEP/FDOH WATER/WASTEWATER CONSTRUCTION PERMITS IF REQUIRED
- 4) COPY OF CITY OF SARASOTA BUILDING PERMIT & ROW PERMIT
- 5) COPIES OF UNDERGROUND UTILITIES LICENSE, STATE FIRE LICENSE OR IF APPROVED PLUMBING LICENSE
- 6) FDOT PERMITS IF REQUIRED

NAME OF PROJECT: _____

ADDRESS: _____

DESCRIPTION OF UTILITIES PROJECT: _____

OWNER NAME:	PHONE #:
ADDRESS:	EMAIL:
PRIME CONTRACTOR:	PHONE #:
ADDRESS:	EMAIL:
ENGINEER OF RECORD:	PHONE #:
ADDRESS:	EMAIL:
UTILITIES CONTRACTOR:	PHONE #:
ADDRESS:	EMAIL:

REQUIREMENTS FOR OPEN CUTS OF ASPHALT IN THE ROADWAY: *The City of Sarasota utilities department will not allow open cuts of asphalt areas for the installation of any utilities until sufficient Cold Mix Asphalt for temporary repairs is on-site to patch the entire open cut area. All open cuts must abide with the City of Sarasota Right-of-Way Use Permit requirements "All excavation across paved streets shall be back filled and temporarily patched with "Cold Mix Asphalt" before the end of each working day. Be advised that any contractor that damages any portion of the city's potable water, wastewater, and/or reclaimed water infrastructure whether directly or indirectly, shall be totally financially responsible for the repair of any such damaged infrastructure. All contractors proposing to work directly on or in close proximity of any portion of the city's potable water, wastewater, and/or reclaimed water infrastructure shall have the appropriate repair materials (pipe, fittings, etc.), tools, and qualified staff available on-site to preform immediate repairs should damage to such infrastructure occur. PROCEDURES TO SCHEDULE A WATER SHUT-OFF: A written request must be submitted to the utilities department via email to Permits.Utilities@SarasotaFL.gov with a minimum of five (5) business days in advance of all water service interruptions. Available hours for shut down are Monday - Wednesday from the hours of 9:00 am to 1:00 pm or 10:00 am to 2:00 pm. All work must be completed before 3:00 pm unless prior approval is requested and approved. All parts and piping will be swabbed with 1% hypochlorite solution prior to installation unless the installation will be pressure tested and chlorinated for 24 hours before flushing. In the performance of any work authorized under the construction permit of this project, the undersigned applicant does hereby certify that (name of company) _____ complied with the provisions of the Florida Workmen's Compensation Act (or has employee liability insurance), the Social Security Act, the Florida Child Welfare Laws, and other safety and labor laws of the State of Florida. In NO instance shall anyone other than a City of Sarasota Utilities employee operate a city valve. I certify that I have read the above statement and to the best of my knowledge it is true and correct, and I will abide by the COSUDStandards.*

PRINTED NAME OF LICENSE HOLDER OR AUTHORIZED SIGNER: _____

AUTHORIZED APPLICANT SIGNATURE: _____

PRINTED NAME AND TITLE OF SIGNER: _____	DATE: _____
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