

**OFFICE USE ONLY**

PARCEL NO.: \_\_\_\_\_

NUMBER OF ERCs: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

RT. SEQ. NO: \_\_\_\_\_

**SOUTH MARTIN REGIONAL UTILITY  
WATER SERVICE APPLICATION**

Customer Name: \_\_\_\_\_

Customer Status:  Owner  Builder  Other (Describe): \_\_\_\_\_

Mailing Address (to receive bill): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Development Name/Plat: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Bldg/Apt: \_\_\_\_\_ (Or attach legal description)

**SERVICE CLASSIFICATION**

- RESIDENTIAL: Lot dimensions and area: \_\_\_\_\_
- MULTIFAMILY/MASTER METER: Number of ERCs on meter: \_\_\_\_\_
- COMMERCIAL: Type of business: \_\_\_\_\_
- TEMPORARY: Type of temporary meter: \_\_\_\_\_
- IRRIGATION USE ONLY
- FIRE LINE

Expected average water use: \_\_\_\_\_ gallons per day (GPD)

Meter size requested:  5/8" x 3/4" (standard)  1"  1 1/2"  2"  3"  4"  6"  8"  \_\_\_\_\_

Attach survey or site plan showing desired location of water service.

Requested date of meter installation, if known: \_\_\_\_\_ (provide minimum of two (2) working days notice).

**RESIDENTIAL/IRRIGATION/TEMPORARY CONNECTIONS**

No hookup or cross connection of your drinking water service lines with any other water system, including an irrigation system supplied by your well, or to any container or system containing any liquid or solution is permitted. If you have questions regarding these prohibitions, please give our office a call or pickup a set of our cross connection control rules that are available in the business office.

After your plumber has made the connection of your water service line to the meter, SMRU will inspect the hookup and installation. Corrections, if required, must be made before water service can be initiated. Call the business office at (772) 546-2511 at least two (2) working days before the requested inspection to schedule this inspection.

**COMMERCIAL CONNECTIONS**

A reduced pressure zone (RPZ) backflow prevention device must be installed by your plumber or by your utility contractor on your side of the water meter before water service can be initiated. Contact our office for details and specifications for this required installation. The requirements are contained in SMRU's "Manual of Cross Connection Control and Backflow Prevention, Rules and Regulations." Copies of the Manual are available at the business office. Additionally, this device shall be tested before service is begun and thereafter yearly by a certified backflow prevention technician. The reports of the yearly tests shall be forwarded to our office. In accordance with our cross connection control and backflow prevention rules and regulations, hookup or cross connection of your drinking water service lines with any other water system (for example, with a container of fertilizer solution or a container of weed killer) is prohibited. If you have any questions regarding these prohibitions, please give our office a call. Notify your plumber

that the backflow prevention device installed on your water service line will not normally allow water from your side of the device to flow backward toward SMRU's water mains and that an appropriate relief device must be installed by your plumber on your water heater as required by the applicable plumbing codes of Martin County and the requirements of the water heater manufacturer. This device will relieve pressure that may build up in your lines due to the heating of water in your water heater. To ensure that this relief device will operate properly, it must be checked regularly. After your plumber has made the connection of your water service line to the backflow prevention device, SMRU will inspect the hookup and installation. Corrections, if required, must be made before water service can be initiated. Call the business office at (772) 546-2511 at least two (2) working days before the requested inspection date to schedule this inspection.

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**FEE CALCULATION**

Is this application included in previous permit or developer's agreement? \_\_\_\_\_

If YES, identify: \_\_\_\_\_

	<u>ERCs</u>		
Number of ERCs paid by previous permit/agreement:	_____	@ \$	_____ \$ _____
Number of ERCs currently connected:	_____		
Number of ERCs this application:	_____	@ \$	_____ \$ _____
Credit per ERC for previous payment:	_____	@ \$	_____ \$ _____
Balance due for connection fees:			\$ _____
Accrued Guaranteed Revenue fee this application:	_____	@ \$	_____ \$ _____
Credit per ERC for previous payments:	_____	@ \$	_____ \$ _____
Balance due for AGR fee:			\$ _____
Account set up fee (\$30.00):			\$ _____
Development Administration fee (actual cost/\$250 minimum)			\$ _____
Plan Review fee (2% construction costs/\$750 minimum)			\$ _____
Inspection Fee (1% construction costs/\$500 minimum)			\$ _____
Water Meter Installation*			\$ _____
Service line, tap			\$ _____
Service line, road crossing:			\$ _____
*Based on meter size			
<b>TOTAL DUE THIS APPLICATION:</b>			\$ _____

Check No: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Checking Account Name: \_\_\_\_\_

Date Rcvd: \_\_\_\_\_ Rcvd By: \_\_\_\_\_

By execution of this Application, Customer agrees to be bound by the Town of Jupiter Island's Uniform Service Policy, Uniform Extension Policy, Manual of Cross Connection Control and Backflow Prevention, Rules and Regulations, Industrial Pretreatment Ordinance, and Rates, Fees, and Charges, all as amended from time to time by the Town of Jupiter Island.

\_\_\_\_\_  
Type or Print Your Name

\_\_\_\_\_  
Signature of Customer or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's License No. or Driver's License No.