



SOUTH MARTIN REGIONAL UTILITY REQUEST FOR COST & AVAILABILITY

Property owner: _____

Proposed service address: _____

Lot number: _____

Parcel number: _____

Square footage of lot: _____

Square footage of home being built (under air): _____

Square footage of home being built (total): _____

Number of bedrooms: _____ Number of bathrooms: _____

Estimated average water use per day: _____ gallons

Estimated square footage to be irrigated: _____

Please provide a site plan showing proposed location of water service.

Requested by: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Date: _____

**9000 S.E. Athena Street • Hobe Sound, FL 33455
P.O. Box 395 • Hobe Sound, FL 33475 (Mailing)
Phone: 772-546-2511 • Fax: 772-546-7619**

Internal Use Only

Meter Size: _____ Water ERCs: _____ Sewer ERCs: _____

Water Connection Fees: \$ _____ Tap Fee: \$ _____

Sewer Connection Fees: \$ _____ Road Push Fee: \$ _____

Water AGRF: \$ _____ Meter Fee: \$ _____

Sewer AGRF: \$ _____ Additional Fees: \$ _____

Total Due: \$ _____