

**TOWN OF JUPITER ISLAND DEVELOPER PERMIT QUESTIONNAIRE**

ANY OMISSION OF APPLICABLE INFORMATION WILL CAUSE THIS APPLICATION TO BE RETURNED.

**All items listed below are required, or specific information cannot be provided.**

- A. Completed property questionnaire
- B. An 8 1/2" X 11" Survey
- C. An authorization letter from the fee-simple title holder, if the permitting party is not the fee simple title holder
- D. A preliminary site plan.

(Attach an additional sheet if necessary)

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

1. Project Name (if known at this time) \_\_\_\_\_
2. To your knowledge has any project ever been planned for this property before? If so, what was its name?  
\_\_\_\_\_
3. **PROJECT LOCATION (Use street names or distances from nearest major roadways – (ATTACH location sketch)**  
**Address:** \_\_\_\_\_  
**PARCEL I.D. #** \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_
4. Current owner of property and business identity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
5. Relationship of applicant to property owner -- please check where appropriate.  
Title Holder \_\_\_\_\_ Representative of Owner \_\_\_\_\_  
Realtor, preparing property for sale \_\_\_\_\_  
Developer, \_\_\_\_\_  
Mortgagee, if applicable \_\_\_\_ (Other, Specify) \_\_\_\_\_

6. Project Engineer, and phone number if known: \_\_\_\_\_
7. Complete the following section carefully, it will serve as the basis for fee calculations. If information provided is incorrect, fees quoted will be incorrect. Fees paid will be those in effect at the time of remittance and execution of the Town Utility Permit.
8. TYPE OF DEVELOPMENT PLANNED (if mixed use, indicate all uses).
- A. Single Family Residence (# of Units)\_\_\_\_\_. Size of Lots \_\_\_\_\_ acres.
- B. Multi-Family Residence (# of Units)-Master Meter \_\_\_\_\_  
 (# of Units)-Individual Meter \_\_\_\_\_.
- C. Restaurant -  
 Ordinary (# of Seats)\_\_\_\_\_  
 Bar & Cocktail Lounge (# of Seats)\_\_\_\_\_  
 Drive In/Carry Out (Gross Square Feet)\_\_\_\_\_.
- D. Doctor's Office \_\_\_\_\_ Number of Doctors: \_\_\_\_\_
- E. Dentist Office \_\_\_\_\_ Number of Dentists: \_\_\_\_\_
- F. Shopping Centers/Stores without food or laundry (Gross Square Feet): \_\_\_\_\_
- G. Schools: (# Students)\_\_\_\_\_ (# of Faculty)  
 Showers (Yes) (No) Cafeteria (Yes) (No)
- H. Office Building (Gross Square Feet)\_\_\_\_\_
- I. Service Station (# Water Closets) \_\_\_\_\_
- J. Car Washes: (# of Bays)\_\_\_\_\_ (% of Reclaim)
- K. Barber/Beauty Shops (# of Chairs)\_\_\_\_\_.
- L. Hospital/Nursing Home (# of Beds)\_\_\_\_\_  
 Dining Facilities (# of Seats)\_\_\_\_\_.
- M. Churches (# of Seats)\_\_\_\_\_.
- N. Laundromat (# of Machines)\_\_\_\_\_.
- O. Hotel/Motel  
 Regular (# of Rooms)\_\_\_\_\_  
 Restaurant Facilities (# of Seats)\_\_\_\_\_  
 Laundry Facilities (Circle One) (Yes) # of machines \_\_\_\_\_ (No)
- P. Air Conditioning Water Cooling Towers (rating in tons anticipated water usage and wastewater discharge \_\_\_\_\_
- Q. Warehouse: # of employees/8 hour shift \_\_\_\_\_  
 # of bays \_\_\_\_\_  
 # of self storage units \_\_\_\_\_
- R. Other (Please specify)\_\_\_\_\_.
- II. Number of Acres\_\_\_\_\_.

III. Total water and wastewater demand in gallons per day (must comply with HRS Rule 64E-6.008(1), F.A.C., as amended from time to time \_\_\_\_\_).

IV. Estimated cost to construct water, wastewater, and reuse improvements: \_\_\_\_\_  
\_\_\_\_\_

V. General Information:

A. Describe current plans for phasing, if any.

B. Provide beginning and ending dates for each phase. \_\_\_\_\_

C. Give the name, address and phone number of the Developer and name and title of one representative/officer of Developer (if applicable) who will be signing the Utility Permit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Entity for which Utility Permit will be issued. \_\_\_\_\_

E. Give name, address and phone number of individual to whom all correspondence, etc., concerning this project can be sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After the above information is reviewed, you will be contacted if further discussion is needed.

I have read the attached information sheet and understand it fully. I further hereby affirm that I am the authorized agent of the property owner and that the information provided herein is true and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_.

Print Name \_\_\_\_\_ Number \_\_\_\_\_

**EXPLANATION/NOTES**

**REV: 8-06**