

**City of Port St. Lucie, Florida – Utility Systems Department
TENANT IMPROVEMENT/BUILDOUT APPLICATION**

Submit completed worksheet, \$260.00, and applicable plans to:
Port St. Lucie Utility Systems Department
900 SE Ogden Lane, Port St. Lucie, FL 34983
Telephone: (772) 873-6400 Fax: (772) 873-6433

Note – The application and the plans will be retained by the PSLUSD

1. Project Name: Plaza Name: _____
Business Name: _____

2. Type Of Establishment: _____
(Be Specific: i.e., Restaurant, Doctor's Office, Real Estate Office, etc.)

3. Applicant: (Owner of Business)

Name: _____ Title: _____
Company Name: _____
Mailing Address: _____
E-Mail Address: _____ State _____ Zip _____
Telephone: _____ Fax: _____

4. Physical Address Of Facility: _____

Include Bay/Suite Number _____ Street Address _____ Bay/Suite Number _____
City _____ State _____ Zip _____

5. Type Of Service Requested: (Check appropriate boxes)

	Water	Wastewater	Fire Protection	Irrigation
Proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Existing, provide account number(s): _____

Fire Line Required: Yes No If Yes, Indicate Line(s) And Size(s): _____
And System Classification: _____

6. Water Meter Upgrade: YES NO

7. Pretreatment Requirements:

Interceptor(s) required: NO YES All projects are subject to the Wastewater System User Rules as outlined in the City Code, Chapter 64, and in the PSLUSD Specifications and Standards. (Attach Engineering Calculations)

<u>FOR PSLUSD OFFICE USE ONLY</u>		
Project Name: _____	File No.: _____	Sub-File No.: _____
Application Fee Received: _____	Receipt No: _____	
ERC's Reserved: _____	ERC's used – historical: _____ (attach historical)	

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8. Proposed Hours Of Operation:

DAY(S) OF THE WEEK: S M T W R F S _____ AM to _____ PM

9. Flow Derivation (Select Only One Category – A or B or C or D)

Check the appropriate category used to determine the ERC flows for your establishment.

- A. Historical ERC Data based on current usage:** See our website at http://www.cityofpsl.com/utility/util_forms.html for historical method help.

Calculated ERCS: _____ (attach all historical data)

OR

- B. ERC Determination Table:** See our website at http://www.cityofpsl.com/utility/util_forms.html for ERC table help.

Type of Establishment (Per ERC Table, Section 61.11 of the City Code): _____

Applicable "Units": _____ No. Of Beds: _____

Square Feet: _____ No. Of Seats: _____ (including bar & outdoor seating)

Employees: Total No. _____ Per Shift _____ Shifts per Day _____

Other: _____

Calculated ERCS: _____ (attach sheet)

OR

- C. Fixture Unit Method:** See our website at http://www.cityofpsl.com/utility/util_forms.html for fixture unit table.

The total ERC value may be determined by the Florida Plumbing Code.

Total ERC Value =
$$\frac{\text{Number of Fixture Units} \times 30}{250 \text{ GPD/ERC}}$$

Fixture Units _____ X 30 = _____ Gallons of Flow

Gallons of Flow _____ / 250 Gallons/Day = Calculated ERC's _____ (attach sheet)

OR

- D. Estimated by the PSLUSD:** If unable to provide any of the above information, the applicant can defer to the PSLUSD to estimate water usage.

Signature of Applicant (Owner of Business)

Date

Signature of Plan Reviewer (PSLUSD)

Date