



**Utilities Department
5930 Sam Shapos Way,
North Port, Florida 34287
(941) 240-8000 Fax (941) 240-8023**

AVAILABILITY OF WATER AND/OR SEWER SERVICES LETTER

Date: _____

Customer Information:

Name: _____

Phone Number: _____ Fax: _____

Parcel ID: _____

Per Your Inquiry of: Lot(s) _____ Block _____ Section _____

Street Name _____

*If water and/or sewer service is noted below as NOT being available, any representation contained herein is valid only for a period of thirty (30) days from the date of this letter. If an executed New Residential Service form, along with the proper payment, is not made within the prescribed period, said representation will be null and void.

Please note: A completed copy of this form will be required prior to a building permit being issued. No payment will be accepted without this form.

If you have any questions, please do not hesitate to contact our office at (941) 240-8000.

Sincerely,
NORTH PORT UTILITIES Send Completed Form To: npwater@northportfl.gov

FOR OFFICE USE ONLY

Verified By: _____ Date: _____

*Water Service: () is () is not () is conditional**
*Sewer Service: () is () is not () is conditional**

****CONDITIONAL APPROVAL PENDING WATER/SEWER LINES CERTIFIED AND TURNED OVER TO THE CITY OF NORTH PORT. METER FEES TO BE PAID BEFORE CERTIFICATE OF OCCUPANCY WILL BE ISSUED.**

Type of Installation: set short long

Length of front footage for property: _____

Meter Set: () Left () Right
() Other, please specify: _____