



**Customer Service**

173 NW Hillsboro St.

Lake City, Florida 32055-3918

Telephone (386) 752-2031 / Fax (386) 719-5837

**Application for Water, Sewer and/or Natural Gas Tap – Capacity Commitment**

Project Name: James & Lora David Date: 10/9/23

Service Address: 234 SW Cherry Blossom way, LC, FL 32024

Applicant Name: Lora David Telephone Number: 365-5671

Applicant's Agent: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parcel ID #'s 15-45-16-03011-124 Tax ID #: \_\_\_\_\_

Mailing Address: 169 SW Dusk Glr Lake City FL 32024

Email Address: rdplastering09@aol.com

Requested Water Capacity: ☐ No ☐ Yes, in the amount of \_\_\_\_\_ gpd/gph  
Requested Sewer Capacity: ☒ No ☐ Yes, in the amount of \_\_\_\_\_ gpd/gph  
Requested Gas Capacity: ☒ No ☐ Yes, in the amount of \_\_\_\_\_ btu

**Application for:** Water Tap Size: \_\_\_\_\_ Sewer Tap Size: \_\_\_\_\_  
Irrigation Tap Size: \_\_\_\_\_ Gas Tap Size: \_\_\_\_\_

Meter Size /Quantity: 3/4" ☒ 1" \_\_\_\_\_ 1/1/2" \_\_\_\_\_ 2" \_\_\_\_\_ 6" \_\_\_\_\_ Other Specify \_\_\_\_\_

Where do you get your water presently? \_\_\_\_\_

Is this new construction? ☒ Yes ☐ No Within City limits: ☐ Yes ☒ No \*Is there a well on site? ☐ Yes ☒ No

**\*If yes, you will be required to have a backflow preventer per City Ordinance and State Law F.A.C 62-555.60**

Fire Protection: ☐ Yes ☐ No Diameter of new mainline: \_\_\_\_\_ Quantity of new Hydrants: \_\_\_\_\_

Growth Management Zoned: ☒ Residential ☐ Commercial ☐ Industrial

The above named applicant request that an inspection be made by The City of Lake City for verification of available services based on address, parcel numbers, lot numbers, etc. Upon confirmation of both capacity and or availability, the applicant will be notified and provided a "Cost Estimate/Tap & Impact Fees" summary. Please note at any time you may be required to install a backflow device per local, state, or federal regulations.

Applicant: James & Lora David Date: 10/9/23

**\*\*Service Available Date Requested\*\*** Date: \_\_\_\_\_

*Billing will begin upon completion of tap.*