Public Works and Environmental Services Department
WATER AND WASTEWATER SERVICES - ENGINEERING
2555 West Copans Road, Pompano Beach, Florida 33069
PHONE 954-831-0745 | FAX 954-831-0925

BROWARD COUNTY UTILITY CONNECTION PERMIT

INSTRUCTIONS FOR
Part One
Application for Plan Review

This fully completed Application and all required supporting documents must be submitted as a complete package. An incomplete package or plans that are not in conformance with the Water and Wastewater Services (WWS) current "Minimum Design and Construction Standards" and "Minimum Drawing Requirements for Piping Projects" will be returned without review.

PROJECT INFORMATION

WWS Project Number: (1) _____

Project Name: (2) _____

Address or Location: (3) _____

Description of Utility Work: (4) _____

This project will connect to (select all that apply):

(5)
- ☐ The Broward County Potable Water Distribution Syste
- ☐ The Broward County Wastewater Collection System
- ☐ The Broward County Reclaimed Water Distribution System

APPLICANT (PERMITTEE) INFORMATION

The Applicant must be the owner or long term lessee of the property to be served by the utility connection. Design professionals or construction contractors cannot be the Applicant.

Permittee Name: (6)

Contact Person: (7)

Phone Number: (8)

Mailing Address: (9)

E-Mail Address: (10)

DESIGN PROFESSIONAL OF RECORD INFORMATION

Company Name: (11)

Contact Person: (12

Phone Number: (13)

Mailing Address: (14)

E-Mail Address: (15)

FEES

The plan review fee is $350.00 plus 2% of the estimated construction cost of the FACILITIES. This nonrefundable fee includes three reviews of design plans and three reviews of record drawings.

As used herein, the term **FACILITIES** means all potable water and/or wastewater and/or reclaimed water utility related facilities constructed and/or altered in rights-of-way or easements, and any other portions to be turned over for WWS ownership and maintenance.

WWS will calculate the plan review fee based upon a WWS accepted cost letter (see supporting documents section) and will issue a statement of charges for the fee. WWS may start plan review before receiving payment of the fee, but will not issue review comments or plan approval until the fee has been paid.

SUPPORTING DOCUMENTS

Indicate which supporting documents accompany the Application or select Not Applicable.

(16) A letter from the Design Professional of Record stating the estimated construction cost of the FACILITIES, with material takeoff and unit pricing.

(16) A letter from the Fire Marshal indicating that hydrant location is acceptable or that hydrants are not required. See "Sample Hydrant Location Letter" on the WWS web site. **(This requirement is applicable only to projects involving potable water distribution.)**

(16) A letter from the Fire Marshal indicating the fire protection level of service requirement for the project site. The letter must clearly indicate the fire protection level of service requirement expressed in terms of gallons per minute at a residual pressure in psi. If the project includes a fire sprinkler system, the letter must clearly indicate both the fire sprinkler system and non-fire sprinkler (hydrant) fire protection requirements. In lieu of a letter from the Fire Marshal, WWS will accept a letter from a Florida licensed fire protection specialist containing the same information as the Fire Marshal's letter. See "Sample Fire Protection Level of Service - Fire Marshal or Fire Protection Specialist Letter" on the WWS web site. In lieu of a letter from the Florida licensed fire protection specialist, WWS will accept a letter from the design professional of record requesting WWS to use its generic fire protection level of service standards for this project. See "Sample Fire Protection Level of Service - Engineer of Record Letter" on the WWS web site. **(This requirement is applicable only to projects involving potable water distribution.)**

(16) Submit 6 sets of signed and sealed Design Drawings that have been reviewed for compliance with WWS's current "Minimum Drawing Requirements for Piping Projects".

APPLICANT'S (PERMITTEE'S) SIGNATURE

This Application for Plan Review is valid for nine months from the date signed by the Applicant. If plans have not been approved by WWS within nine months, WWS may cancel the Application without further notice, and a new Application for Plan Review may be required to continue the project.

Plan approval is good for one year from the WWS approval date.

Signature: (17) _____

Printed Name: (18) _____

Title: (19) _____

Date: (20) _____

Instructions

(1) Type in the number assigned to the project by WWS, if know by Applicant; otherwise leave blank.
(2) Type in the name of the project.
(3) Type in the address or location of the project.
(4) Type in a description of the significant components of the water and wastewater installations, for example:
800 feet of water main, 1 hydrant, 2 valves, 432 feet of gravity sewer, 2 manholes
Condense the list as necessary to fit in the space provided.
(5) Check the system or systems that the project will connect to.
(6) Type in the name of the Applicant. If Applicant is a corporation, use official corporate name. If Applicant is a partnership, use official partnership name.
(7) Type in the name of the Applicant employee that is the contact person for this permit.
(8) Type in the phone number of the Applicant contact person.
(9) Type in the US postal mailing address of the Applicant contact person.
(10) Type in the e-mail address of the Applicant contact person.
(11) Type in the design professional's company name.
(12) Type in the design professional's employee that is the contact person for this permit.
(13) Type in the phone number of the design professional's employee that is the contact person for this permit.
(14) Type in the US postal mailing address of the design professional' employee that is the contact person for this permit.
(15) Type in the e-mail address of the design professional's employee that is the contact person for this permit.
(16) Select the appropriate choice.
(17) Signature of authorized representative of the Applicant. See below.
(18) Type in the name of Applicant signatory.
(19) Type in the title of Applicant signatory.
(20) Select the date the Applicant signed the document.

Two methods of signature are acceptable:

(a) The document can be printed, then the paper document signed using pen and ink;

(b) The document can be digitally signed, which requires each signatory to have a digital certificate. While either method is acceptable, mixing the two methods in the same document is not acceptable.