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

Part Two
Application for Connection Construction
(Partnership)

This fully completed Application and all required supporting documents must be submitted as a complete package. An incomplete package will be returned without review. This application can be submitted only after Water and Wastewater Services (WWS) has approved the project's utility design drawings. WWS will not sign any other agency's permit application until the Utility Connection Permit has been issued.

PROJECT INFORMATION

WWS Project Number: _____

Project Name: _____

WWS Approved Drawing Number: _____

WWS Drawing Approval Date: _____

Address or Location: _____

Description of Utility Work: _____

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: _____

Contact Person: _____

Phone Number: _____

Mailing Address: _____

E-Mail Address: _____

SUPPORTING DOCUMENTS

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

Check for Inspection Fees and Capital Recovery Charges in the amount indicated on the Statement of Charges transmitted with the approved design drawings.

Copy of property deed with sketch and legal description or long term lease agreement.

State of Florida Certificate of Standing with list of officers.

HOLD HARMLESS STATEMENT

By submitting this Permit Application, the Applicant agrees to indemnify, hold harmless and, at County Attorney's option, defend or pay for an attorney selected by County Attorney to defend County, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of owner and applicant, its employees, agents, servants, or officers, or accruing, resulting from, or related to the subject matter of the Permit Application, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property, to the extent provided by law.

APPLICANT'S (PERMITTEE'S) SIGNATURE

The Utility Connection Permit is valid for one (1) year from the date of issuance. All work must be completed by that date. Design plan approval is good for one (1) year from the WWS approval date. Depending on when construction starts, design plan approval may no longer be valid even though the Permit is still valid.

No additional notice will be given for the termination of the Permit.

(signed on the following page)

IN WITNESS WHEREOF Applicant has caused its partnership name to be hereunto signed by its proper representative thereunto duly authorized.

Partnership Name: _____

Signature: _____

Type Name: _____

Title: _____

Address:

_____

WITNESSES (not required if attested by Secretary above)

Witness One Signature: _____

Witness Two Signature: _____

Witness One Typed Name: _____

Witness Two Typed Name: _____

Witness One Address: _____

Witness Two Address: _____

ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__, by _____, the _____, on behalf of _____, a _____ ☐ who is personally known to me or ☐ who has produced _____ as identification.

Notary Public:

Signature: _____

Print Name: _____

State of Florida
My Commission Expires: _____
Commission Number: _____

(Notary Seal)
(not required if digitally signed by Notary)