

Public Works Department / Water and Wastewater Services

WATER AND WASTEWATER ENGINEERING DIVISION

2555 West Copans Road, Pompano Beach, Florida 33069 PHONE 954-831-0745 | FAX 954-831-0925

BROWARD COUNTY UTILITY CONNECTION PERMIT

INSTRUCTIONS FOR 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.

| I KOJECI HVIOK | MATION |
|---|---|
| WWS Project Numbe | r: <u>(1)</u> |
| Project Name: | (2) |
| WWS Approved Drawing Number: | (3) |
| WWS Drawing Approval Date: | (4) |
| Address or Location: | (5) |
| Description of Utility Work: | (6) |
| | |
| APPLICANT (PER | RMITTEE) INFORMATION |
| The Applicant must | RMITTEE) INFORMATION be the owner or long term lessee of the property to be served by the utility professionals or construction contractors cannot be the Applicant. |
| The Applicant must connection. Design | be the owner or long term lessee of the property to be served by the utility |
| The Applicant must | be the owner or long term lessee of the property to be served by the utility professionals or construction contractors cannot be the Applicant. |
| The Applicant must connection. Design | be the owner or long term lessee of the property to be served by the utility professionals or construction contractors cannot be the Applicant. |
| The Applicant must connection. Design Permittee Name: Contact Person: | be the owner or long term lessee of the property to be served by the utility professionals or construction contractors cannot be the Applicant. (7) (8) |

SUPPORTING DOCUMENTS

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

| (12) | Check for Inspection Fees and Capital Recovery Charges in the amount indicated on the Statement of Charges transmitted with the approved design drawings. | | |
|------|---|--|--|
| (12) | Copy of property deed with sketch and legal description or long term lease agreement. | | |
| (12) | 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)

| Partnership Name: (13) Signature: (14) Type Name: (15) Title: (16) Address: (17) WITNESSES Witness One Signature: (18) Witness One Typed Name: (19) Witness One Typed Name: (19) ACKNOWLEDGEMENT State of: (20) County of: (21) The foregoing instrument was acknowledged before me this date by (23) , partner (or agent) of the above named partnership on behalf of the partnership. He/ she (24) Type of Identification Produced: (25) Notary Signature: (26) Notary Signature: (26) Type Name: (27) | | (4.0) | | |
|---|---------------------|-------------------|---|--|
| Type Name: (15) Title: (16) Address: (17) WITNESSES Witness One Signature: (18) Witness One Typed Name: (19) ACKNOWLEDGEMENT State of: (20) County of: (21) The foregoing instrument was acknowledged before me this date by (23) , partner (or agent) of the above named partnership on behalf of the partnership. He/ she (24) Type of Identification Produced: (25) Notary Signature: (26) | Partnership Name: | (13) | | |
| Title: (16) Address: (17) WITNESSES Witness One Signature: (18) Witness Two Signature: (19) Witness Two Typed Name: (19) ACKNOWLEDGEMENT State of: (20) County of: (21) The foregoing instrument was acknowledged before me this date by (23) , partner (or agent) of the above named partnership on behalf of the partnership. He/ she (24) Type of Identification Produced: (25) Notary Signature: (26) | Signature: | (14) | | |
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| (NOTARY SEAL) Notary Signature: (26) (not required if digitally signed by Notary) (28) | , partner (or agent |) of the above na | med partnership on behalf of the partne | ership. He/ she |
| Notary Signature: (26) (not required if digitally signed by Notary) (28) | (24) | | Type of Identification Produced: (25) | |
| Notary Signature: (26) (not required if digitally signed by Notary) (28) | | | | |
| Type Name: (27) | Notary Signature: | (26) | | (not required if digitally signed by Notary) |
| | Type Name: | (27) | | |

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

Instructions

- (1) Type in the number assigned to the project by WWS.
- (2) Type in the name of the project.
- (3) Type in the WWS number assigned to the WWS approved drawings.
- (4) Select the date the drawings were approved by WWS.
- (5) Type in the address or location of the project.
- (6) 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.

- (7) Type in the name of the Partnership.
- (8) Type in the name of the Partnership employee that is the contact person for this permit.
- (9) Type in the phone number of the Partnership contact person.
- (10) Type in the US postal mailing address of the Partnership contact person.
- (11) Type in the e-mail address of the Partnership contact person.
- (12) Select the appropriate choice.
- (13) Type in the name of the Partnership (same as #7).
- (14) Signature of authorized representative of the Partnership. See below.
- (15) Type in the name of signatory.
- (16) Type in the partnership title of signatory.
- (17) Type in the address of the Partnership.
- (18) Signature of witnesses. See below.
- (19) Type in the name of the witness.
- (20) Select (or type in) the State in which the document was notarized.
- (21) Type in the County (or local equivalent) in which the document was notarized.
- (22) Select (or type in) the date the document was notarized.
- (23) Type in the name of the partnership signatory (same as # 15).
- (24) Select (or type in) how the partnership signatory is known to the notary.
- Type in the type of identification produced; required only if 'Produced Identification' was selected for #24.
- (26) Signature of notary. See below.
- (27) Type in name of notary.
- (28) Affix notary seal; not required if document is digitally notarized.

Signature of the general partner or managing partner is preferred, however the signature of any person authorized by the Partnership to sign is acceptable. In any case, proof of authority to sign is required.

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.