

LEE COUNTY UTILITIES REQUEST FOR LETTERS OF AVAILABILITY

TO: LCU STAFF	DATE:		
	FROM:		
	FIRM:		
	ADDRESS:		
	PHONE		FAX:
	EMAIL:		
PROJECT NAME: PREVIOUS PROJECT NAME(S):			
STRAP NUMBER(S):			
PRIOR STRAP NUMBER(S) (IF ANY):			
LOCATION/SITE ADDRESS:			
LETTER TO REQUEST FOR:			
WATER	WAST	EWATER	RECLAIM
PURPOSE OF LETTER:			
DEVELOPMENT ORDER SUBMITTAL	PERMI	TTING OF SURFACE WAT	ER MANAGEMENT
OTHER: (PLEASE SPECIFY)			
PLANNED USE:			
COMMERCIAL	INDUS	STRIAL	
RESIDENTIAL	SINGLE FAMILY		MULTI-FAMILY
PLANNED NUMBER OF COMMERCIAL/IN	DUSTRIAL BUILDING	GS: TOTAL SQUAF	RE FOOTAGE:
RESIDENTIAL UNITS: SINGLE-FAMILY:		MULTI-FAMILY:	
AVERAGE ESTIMATED DAILY FLOWS (GI	PD) WATER	WASTE-WATER	REUSE
PLEASE SHOW CALCULATION USED TO FORTH IN LEE COUNTY UTILITIES DESIG		AGE ESTIMATED DAILY F	FLOW (GPD) PER CRITERIA SET

PLEASE E-MAIL THE COMPLETED FORM TO <u>LCUDCAP@LEEGOV.COM</u> FOR WATER AND WASTEWATER. PLEASE EMAIL <u>LMENDEZSANTOS@LEEGOV.COM</u> FOR RECLAIM

IF YOU SHOULD HAVE ANY QUESTIONS OR REQUIRE ASSISTANCE, PLEASE FEEL FREE TO CALL OUR OFFICE AT (239) 533-8531