



# Department of Growth Management

## Utility Notification

In an effort to assure governmental cooperation and assistance in the use of approved utility facilities, Lake County shall, per Land Development Regulations, Section 6.12.00, require connection to those facilities upon development, within 1,000 feet of an approved central sewage system and/or within 300 feet of an approved central water system.

The owner of the following property has either a pending public hearing, commercial project under review or is in the process of obtaining a permit. It is understood that a one-day turn around for this information is required so that delays for issuance will be minimized.

Please acknowledge the availability to serve the following property with central utility systems.

**The applicant is proposing the following:**

Single-Family Dwelling \_\_\_\_\_ Multi-Family Units \_\_\_\_\_ Duplex \_\_\_\_\_ Commercial \_\_\_\_\_

Administrative Lot Split \_\_\_\_\_ Commercial Project \_\_\_\_\_ Rezoning \_\_\_\_\_

**Legal description:** Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Alt Key # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Additional Legal attached \_\_\_\_\_

Hook up to Central Sewage \_\_\_\_\_ within 1,000 feet of the above described property.  
(is or is not)

Hook up to Central Water \_\_\_\_\_ within 300 feet of the above described property.  
(is or is not)

The \_\_\_\_\_, will provide immediate hook up to this property for:

Central Sewage: Yes \_\_\_\_\_ No \_\_\_\_\_ Central Water: Yes \_\_\_\_\_ No \_\_\_\_\_  
Will the connection to teh central sewage system be via a \_\_\_\_\_gravity line or a \_\_\_\_\_force main/pump?

**Wellfield Protection:**

To protect the principal source of water in Lake County, per section 6.03.00 of the Land Development Regulations, the area within 1,000 feet radius shall be considered a wellhead protection area.

This property is \_\_\_\_\_ or is not \_\_\_\_\_ within 1,000 feet of an existing or future wellhead.

Please attach any conditions that affect the availability of provision of service to this property.

City Official or Private Provider Signature \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Date \_\_\_\_\_

**Please r eturn t his co mpleted form t o the Lake C ounty Planning & Community D esign via facsimile to (352) 343-9767, or email it to [zoning@lakecountyfl.gov](mailto:zoning@lakecountyfl.gov).**

To be completed by County staff: <b>Staff Name:</b> _____
<b>Date Received:</b> _____ <b>Address #:</b> _____