



Department of Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Ct.
Miami, Florida 33136-3912
T 305-372-6600 / F 305-372-6893

POTABLE WATER SUPPLY OPERATING (PWO) PERMIT APPLICATION

A. APPLICANT INFORMATION

1. Applicant (e.g. Corp/LLP/LLC, etc.) ¹: _____
2. Mailing Address: _____
3. Authorized Representative ²: _____ Title: _____
4. Telephone No.: _____ Email address /Facsimile No.: _____

B. SITE / FACILITY INFORMATION

1. Facility name: _____
2. Facility Location/Address:- _____
3. Folio No(s): _____
4. On-Site / Emergency Contact: _____ Title: _____
5. Telephone No.: _____ Email address /Facsimile No.: _____
6. Existing Landuse Classification:- _____
7. Proposed Landuse: _____

C. PROPERTY OWNER INFORMATION (if different from the applicant's)

1. Name: _____
2. Mailing Address: _____
3. Telephone No.: _____ Email address /Facsimile No.: _____

*1. The Applicant's sname specified must match the corporate name reflected on the Florida Department of State Division of Corporation records.
2. The authorized agent shall be an officer of the corporation etc., or an authorization letter from an officer of the corporation shall be provided).
3. Attach Proof of Zoning, Certificate of Occupancy, Zoning Resolution etc.*

E. CERTIFICATION BY APPLICANT AND PUBLIC OFFICER

The undersigned authorized representative of the company indicated in Section A as the Applicant is fully aware that the information provided is true, correct, and complete to the best of his/her knowledge and belief.

Name Title

Signature of Authorized Representative e-mail address

Date Telephone number

Sworn to and subscribed before me this _____ day of _____

Notary

Date

(affix stamp)

F. CERTIFICATION BY OWNER (if not the applicant) AND PUBLIC OFFICER

The undersigned authorized representative of the company indicated in Section C of this application is fully aware that the information provided is true, correct, and complete to the best of his/her knowledge and belief.

Name Title

Signature of Authorized Representative e-mail address

Date Telephone number

Sworn to and subscribed before me this _____ day of _____

Notary

Date

(affix stamp)