

## DEPARTMENT OF COMMUNITY DEVELOPMENT NOTICE TO OWNER

☐ N/A ☐ Required if on Well					
Owner(s) of Block		Lots		Units	
Address					
The above listed property may no located on the Southwest Coast o irrigation water, and/or sanitary se any one or all three of these muni services will be provided through full cost of the work in their project private wells in some portions of the	f Florida. There are ma ewer service. Please no cipal services will be pl a special assessment ct area. If your parcel is	iny areas within of the that anyone rovided these so program where in not served with the the the the the the the the the t	the City that cur building in an ar- ervices by the Ci the lot owners th City Water, plo	rently do not have ea of the City th ty sometime in t will be equitably	ve potable water, at does not have the future. These charged for the
Anyone building in a utility expans to obtain the location of the points install a well and septic tank which enter into a hold harmless agree connections to the new proposed until their project area is approved Occupancy.	s of service for their path will have to be abancement with the City value locations. The	rcel. A property doned when the which will allow property owners	owner has two assessment pro the property of who choose the	options in these bject is complete owner to desigr e second option	e areas; one is to d; the other is to n for the normal will have to wait
Anyone building in a utility expa Manager to ensure that the future					
Questions can be directed to the a	appropriate parties liste	d below.			
Questions related to existing asse Construction related questions – c All other questions – call Utility Ex	call City's Construction		239-57 239-57 239-57	3-1191	
It is the responsibility of the prope of the alternatives for building in a			f their property o	f this Notice and	the implications
Receipt of the above Notice to Ow	ner is hereby acknowle	edged.			
Owner Signature		Owner Printe	d Name		
Owner Signature		Owner Printed Name			
Owner Signature		Owner Printe	d Name		
STATE OF, COUNTY (	)F				
Subscribed and sworn to (or affirmed	ed) before me this who is personally l	known or produc	day of		, 20, by
as identification.	_		_		
	Exp. Date:		Commission	Number:	
	Signature of N	•			
	Printed name	of Notary Public	D:		