

EXHIBIT "A-1"
SEACOAST UTILITY AUTHORITY
PROPERTY QUESTIONNAIRE – UNDEVELOPED PROPERTY

FILL IN ALL LINES THAT ARE APPLICABLE, CHECK APPROPRIATE BOXES

New Project Name, if known at this time: _____

Project Location (Use street names or distances from nearest major roadway): _____

Property Control Number _____

Municipality (list County if in unincorporated area): _____

Will Project Require a Building Permit? _____

Will Project Require Municipal Land and Development Approval? _____

SEACOAST UTILITY AUTHORITY ENCOURAGES ANNEXATION OF ALL UNINCORPORATED PROPERTIES WITHIN its SERVICE AREA.

Current owner of property: _____

Business identity: _____

Project Engineer/Architect (if known): _____

Address: _____

Phone: _____ Fax# _____ E-Mail Address: _____

Relationship of petitioner to property owner -- please check where appropriate.

Title Holder Representative of Owner Realtor Developer Other _____

Written response is requested for (check all that apply):

Capacity Availability Water/sewer main locations Fees Capacity Reservation

Other _____

Payment of 50% of the capacity reservation fee is required prior to receiving capacity reservation letter.

Complete this section to serve as the basis for our fee response. If information provided is incorrect, fees quoted will be incorrect. Fees paid will be those in effect at the time of remittance and execution of developer agreement. Type of development planned (if mixed use, indicate all uses):

A. Single Family Residence (# of units) _____

B. Multi-Family Residence – 2 stories or more with separate dwelling units on separate stories (# of units) _____

C. Restaurant -

Dining (# of seats) _____

Indoor (# of seats) _____

Outdoor (# of seats) _____

Bar & Cocktail Lounge (# of seats) _____

Drive In/Carry Out (gross square feet) _____

Institutions (# of meals/# of seats) _____

D. Doctor or Dentist/Veterinarian (# of practitioners) _____ (# of employees) _____

D. Office Building (gross square feet) _____

E. Shopping Centers/Retail Stores/Office Building/Service Businesses without food or laundry (gross square feet) _____

F. Schools, Day Care Centers or Nurseries (# of students, faculty, and staff) _____

G. Biotech/Research & Development (per square foot, not including food service area) _____

H. Irrigation (gross square feet) _____

I. Air Conditioning Water Cooling Towers (rating in tons) _____

J. Other (Please include detailed use and project size, i.e. # beds, square feet, # students, etc., and type of business)

Date you are anticipating start of project: _____

Will project be phased? Yes No

If phased, how many are anticipated and dates of each phase: _____

COMPLETE THIS SECTION TO SERVE AS THE BASIS FOR A DEVELOPER AGREEMENT.

A. Entity under which Developer Agreement will be drawn up: _____

B. Person authorized to execute Developer Agreement.

Name: _____ Title: _____

Address to Mail Developer Agreement _____

Phone: _____ Fax: _____

Provide information to which all correspondence, etc. concerning this project should be sent.

Name: _____ Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail Address: _____

ALL REQUESTS SUBMITTED MUST CONTAIN COMPLETED PROPERTY QUESTIONNAIRE, CURRENT SURVEY WITH LEGAL DESCRIPTION AND AUTHORIZATION LETTER FROM FEE SIMPLE TITLE HOLDER, IF APPLICABLE.

DO NOT begin civil engineering work until a preliminary engineering meeting is held with Seacoast staff.

After the above information is reviewed, you will be contacted if further information is needed to complete your request.

I hereby affirm that I am either the property owner or the authorized agent of the property owner and that the information provided herein is true and correct to the best of my knowledge and belief.

Date: _____

Applicant's Signature _____

Printed Signature _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
200____, by _____ who is personally known to me or who has produced
_____ as identification and who did _____ take an oath.

Notary Signature

Print Name

Notary Public - State of Florida

Commission No:

My Commission Expires: