



Community Development Department – Engineering Division
10770 West Oakland Park Boulevard, Sunrise, FL 33351
P: 954.746.3270 F: 954.746.3287

PLANT CONNECTION FEE QUESTIONNAIRE

Date: _____

Permit Application Number: _____

Instructions for completing the Questionnaire:

- 1. Complete all applicable items in the questionnaire.
2. Submit the following to the Community Development Department, Engineering Division:
a) A completed questionnaire
b) 8 1/2" x 11" floor plan of property
c) Current tenant list
d) A copy of the Broward County Appraisers website page for the subject parcel
d) Processing fee of \$40.00 plus Technology fee of \$2.00 for a total of \$42.00

PLEASE NOTE THAT THE INFORMATION CONTAINED IN THE QUESTIONNAIRE CANNOT BE PROCESSED UNTIL THE \$42.00 PROCESSING FEE HAS BEEN PAID.

- 1. Project Name _____
2. Project Location / Address (If no address, use street names or distances from nearest major roadways)
Bay #: _____
Name of Shopping Plaza: _____ Square Footage: _____
3. To your knowledge has any project ever been planned for this property before? If so, what was its name and use? (Previous tenant) _____

Complete the following section carefully; it will serve as the basis for Plant Connection Fee calculations. If information provided is incorrect, fees quoted will be incorrect. Fees paid will be those in effect at the time of remittance.

- 4. Type of Development planned (if mixed use, indicate all uses):
A. Food Operations
Number of Seats: _____
Single Service or Full Service: _____
Dishwasher: No [] Yes []
Hours of operation: _____
Number of Employees per 8/hour shift: _____
Bar & Cocktail Lounge (# of Seats): _____
Drive In (# of Car Spaces): _____
Carry Out (Gross Square Feet): _____
B. Doctor Office (# of Practitioners): _____
(# of Staff): _____
C. Dentist Office (# of Doctors): _____
(# of Staff): _____
D. Shopping Centers/Stores without food or laundry (Gross Square Feet): _____
E. Schools (# of Students): _____ (# of Faculty): _____
Showers: No [] Yes [] Cafeteria: No [] Yes []
F. Office Building or Space (Gross Square Feet): _____

- G. Service Station** (# of Water Closets): _____
- H. Car Washes** (# of Bays): _____ (% of Reclaim) _____
- I. Barber/Beauty Shops** (# of Chairs): _____
- J. Hospital/Nursing Home** (# of Beds): _____
Meals Served (# of Meals per Day per Bed): _____
- K. Churches** (# of Seats): _____ **Meals Served on Regular Basis** (# of Meals): _____
- L. Laundromat** (# of Washing Machines): _____
- M. Hotel/Motel**
Regular (# of Rooms): _____
Restaurant Facilities (# of Seats): _____
Employees (# of Employees per 8/hour shift): _____
Bar (# of Seats): _____
Laundry Facilities: No Yes If yes, # of machines: _____
- N. Warehouse**
Employees (# of Employees per 8 hour shift) _____
Bays (# of Bays) _____
Storage Units (# of units) _____
- O. Air Conditioning Water Cooling Towers**
(Architect or Engineer signed and sealed consumption calculation required)
Anticipated water usage (gallons per month): _____
Anticipated sewage discharge (gallons per month): _____
- P. Water Meter(s)** (# of Meters) _____ (Size of Meters) _____
- Q. Other** (Please specify): _____

(Architect or Engineer signed and sealed consumption calculation may be required)

5. General Information:

Give the contact information of the person to receive the Plant Connection Fee letter.

Name: _____
Street Address: _____
City, State, Zip _____
Phone: _____ Fax: _____
E-mail: _____

After the above information is reviewed, you will be contacted if further discussion is needed.

I have read the attached information sheet and understand it fully. I further hereby affirm that I am 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.

Applicant's Signature: _____

Print Name: _____ E-mail: _____

Phone Number: _____ Fax: _____