

ST. JOHNS COUNTY UTILITY DEPARTMENT
Water, Sewer, & Reclaimed Water Availability Request

POINT OF CONTACT

Date: _____
Name of Applicant: _____ Company: _____
Address: _____ City/State/Zip: _____
E-mail: _____ Phone: _____

PROJECT INFORMATION

Project is part of a Master Development Conceptual Site Plan and Project Location attached

Name of Property/Project & Address: _____

Tax Parcel ID Number(s): _____

Project Description: _____

Former Name of Property/Project (if applicable): _____

Project Phase (such as "Pre-App" or PUD #, etc.): _____

Is this the first availability letter request? _____ If no, provide previous letter date: _____

PLANNED USES

Single Family Units:	_____	Multi-Family Units:	_____
Office (square feet):	_____	Commercial/Industrial SF:	_____
Medical Office:	_____	Hotel Rooms:	_____
School (Students):	_____	Restaurant (Seats):	_____
Warehouse (square feet):	_____	Mini-storage (Units):	_____
Church (Seats):	_____	Assisted Living Facility (Beds):	_____
Other:	_____	Irrigable Area (square feet):	_____

WATER & SEWER USAGE - Following is the link to Schedule A (as amended) of County Ordinance 2026-07 for commercial/industrial use flow factors. If phased development, provide year flow is expected (attach schedule if necessary). [Schedule-A-FY26.pdf](#)

Water Usage: _____

Reuse Usage: _____
0.133 gpd/SF for commercial irrigable area

Sewage Usage: _____

Fire Flow Demand: _____
Per St. Johns County Fire Department

ADDITIONAL INFORMATION - Prior to submittal, review St. Johns County Land Development Code Sections 11.05.02.C.2 for water and 11.05.03.C.2 for sewer. [ARTICLE XI \(sjcfl.us\)](#)

Upon completion, E-mail to: sjcudavailability@sjcfl.us. Provide site plan and any supplemental data that would help expedite the review process. **Allow a minimum of ten (10) business days for a response.**

St. Johns County Utility Department

1205 State Road 16
St. Augustine, Florida 32084