

**CHARLOTTE COUNTY GOVERNMENT
APPLICATION FOR NON PROFIT UTILITY CERTIFICATE**

To: Charlotte County Board of County Commissioner
Budget Department
18500 Murdock Circle
Port Charlotte, FL 33948-1068
Phone 941.743.1542 - Fax 941.743.1286

The undersigned hereby makes non profit utility application for original certificate(s) to operate a water and/or wastewater utility in Charlotte County, Florida, and submits the following information:

Instructions

1. Fill out the attached application form completely and accurately
2. Complete all the items that apply to your utility. If an item is not applicable, mark it "N.A.". Do not leave any items blank.
3. Notarize the completed application form
4. The filing fee has been waived
5. The original and two copies of the completed application and attached exhibits, one copy of each territory and system map, the original and two copies of proposed tariff(s), and the proper filling fee should be mailed to

Roger Davis, Management Budget Analyst
Charlotte County Board of County Commissioners
Budget Department
18500 Murdock Circle
Port Charlotte, FL 33948-1068
Phone 941.743.1542 - Fax 941.743.1286

PART I

APPLICANT INFORMATION

- A) The full name (as it appears on the certificate), address and telephone number of the applicant:

Name of utility _____

Phone No. (_____) _____ Fax No. (_____) _____

Office street address _____

City _____ State _____ Zip Code _____

Mailing address if different from street address

Street address _____

City _____ State _____ Zip Code _____

Internet address if applicable _____

- B) The name, address and telephone number of the person to contact concerning this application:

Name _____

Phone No. (_____) _____

Street address _____

City _____ State _____ Zip Code _____

- C) Indicate the organizational character of the applicant: (circle one)

Corporation Partnership Sole Proprietorship

Other _____ (Specify)

- D) If the applicant is a corporation, list names, titles and addresses of corporate officers and directors.
(Use additional sheet if necessary).

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

E) If the applicant is not a corporation, list names and addresses of all persons or entities owning an interest in the organization. (Use additional sheet if necessary.)

Name/Entity	Address
_____	_____
_____	_____
_____	_____

PART II - Please check if submitted with application (if any of the documents are already on file with Charlotte County, we have completed the blank and additional copies are not needed).

- A) Exhibit A - Annual Report for Calendar Year ending December 31, 2007 _____
- B) Exhibit B - Copy of Tariff and/or rates _____
- C) Exhibit C - Territory Description (See Attachment I - INSTRUCTIONS FOR PREPARATION OF TERRITORY DESCRIPTION AND MAP) _____
- D) Exhibit D – Evidence of compliance to concurrency reporting to Charlotte County Growth Management Department _____
- E) Copy of Corporate charter _____
- F) Copies of past/previous certifications. _____
- G) Exhibit D – a completed Affidavit Form (See Attachment II – Affidavit) _____

ATTACHMENT I

INSTRUCTIONS FOR PREPARATION OF TERRITORY DESCRIPTION AND MAP

A current and accurate description of the territory served or proposed to be served is essential. The noticing requirement in applicable County Codes and Regulations, and the territory description requirement for each of the certification applications require the territory to be described using township, range and land sections. Failure to use the required format will cause your application to be delayed and may result in your having to re-notice. The following information is provided to assist you in preparing a correct legal description and plotting that territory on the service territory map. Applicant can provide either the territory description, territory map, or both.

A) **TERRITORY DESCRIPTION**

Exhibit _____ - An accurate description of the utility's revised territory. If the water and wastewater territory is different, provide separate descriptions.

Note: Use the Survey of Public Lands method (township, range, section, and quarter section), if possible, or a metes and bounds description. Give the subdivision or project name. The description should NOT refer to land grants or plat books, but may use geographic boundaries (i.e., road right-of-ways, railroads, rivers, creeks, etc). The object is to make the description as brief, but as accurate as possible.

B) **TERRITORY MAPS**

Exhibit _____ - One copy of an official county tax assessment map or other map showing township, range and section with a scale such as 1"=200' or 1"=400' include an overall map at a smaller scale and divide map to show territory using the above scales on which the remaining territory is plotted by use of metes and bounds or quarter sections and with a defined reference point of beginning. If the water and wastewater territory is different, provide separate maps.

An accurate description of the territory served or proposed to be served is essential. The noticing requirement in Rule 25-30, Florida Administrative Code, and the territory description requirement for each of the certification applications require the territory to be described using township, range and land sections. Failure to use the required format will cause your application to be delayed and may result in your having to re-notice. The following information is provided to assist you in preparing a correct legal description and plotting that territory on the service territory map.

ATTACHMENT II

AFFIDAVIT

STATE OF FLORIDA
CHARLOTTE COUNTY

I _____ (applicant) do solemnly swear or affirm that the facts stated in the forgoing application and all exhibits attached thereto are true and correct and that said statements of fact thereto constitutes a complete statement of the matter to which it relates.

BY: _____
Applicant's Signature

Applicant's Name (Typed)

Applicant's Title *

Subscribed and sworn to before me this ____ day in the month of _____ in the year of ____ by _____

who is personally known to me _____ or produced identification

Type of Identification Produced

Notary Public=s Signature

Print, Type or Stamp Commissioned
Name of Notary Public

* If applicant is a corporation, the affidavit must be made by the president or other officer authorized by the by-laws of the corporation to act for it. If applicant is a partnership or association, a member of the organization authorized to make such affidavit shall execute same.