



Charlotte County Utilities Post-Construction Checklist

Name of Applicant/Engineer: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Requested Inspection Date/Time: _____

Name of Project: _____

Owner of Project: _____

Contractor: _____

Street Address of Project: _____

Permit Number: _____

Complete	N/A	Deliverable
		Record Drawings
		FDEP Certifications
		Pressure Testing (Testing Date) Potable Water: _____ Reclaimed Water: _____ Force Main: _____ Gravity Main: _____
		Potable Water Bacteriological Test Results
		Gravity Sewer TV Tapes
		Ownership transfer Bill of Sale: _____ Recorded Easements: _____ Lien release: _____ Warranty: _____

CCU Utility Forms:

<https://www.charlottecountyfl.gov/departments/utilities/about-utilites/forms.stml>