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ATTORNEY

Good Faith Estimate Form for Permit Application & Certification Review

Project Name: _____ Date: _____

Applicant: _____

Authorized Agency Representative (print): _____

Contact Phone Number: _____ Email Address: _____

Billing Address: _____

Permit Application Review Estimate: _____

- Includes: [] Application Processing Fees [] Site visit
[] Pre-application meeting [] Technical information/ research prior to application submittal
[] Technical review of plans & calculations [] Issuance of Letter of No Objection

Certification Review Estimate: _____

- Includes: [] Technical review of record drawings [] Site visit
[] Issuance of certification acceptance

Authorized Agency Representative (signature)*: _____

*By signing this document, I affirm that I am a representative of the aforementioned municipal or government agency applicant authorized to accept responsibility for the good faith estimate provided herein and acknowledge that acceptance of this document denotes responsibility by said applicant for any costs incurred in the execution and/or completion of this request. Payment shall be provided by the applicant at the time of permit issuance and again at certification acceptance by the FPFWCD. I understand that the District reserves the right to seek payment for costs incurred on any project left dormant for a period exceeding six (6) months. I understand that the District does not guarantee or imply that the final costs will not vary from the good faith estimate provided herein, and that modification of design, inability to address comments made by the District, or substantial construction issues may effect changes to this estimate. I also understand that I may request a description of the work performed for the costs incurred at no cost to the applicant.

Please mail or fax (772-461-9446) completed form to the District office.