



CITY OF ORLANDO

Fixed Asset Form

PROJECT NAME: _____

PROJECT LOCATION: _____

DEVELOPER: _____

ENGINEER: _____

CONTRACTOR: _____

ESTIMATED COMPLETION DATE: _____

Please complete applicable portions of categories below.

SANITARY SEWER

- GRAVITY COLLECTION SYSTEM (LESS SERVICE LATERALS)
- FORCE MAIN SYSTEM
- LIFT STATIONS
- LAND DEDICATED FOR LIFT STATIONS
- REPLACEMENT OF EXISTING COLLECTION SYSTEM

Length, Number or Dimensions	Size or Type	Estimated Cost
TOTAL \$		

STORM SEWER

- STORM WATER PIPES
- STRUCTURES (INLETS, MANHOLES ETC)
- LAND DEDICATED FOR RETENTION/DETENTION

Length, Number or Dimensions	Size or Type	Estimated Cost
TOTAL \$		

For Completion by Staff:

Permit # : ENG; _____ - _____
Date of Final Inspection: _____
Unit # _____
AFE # _____

Submitted by: _____

Date: _____

Signed and Sealed by licensed engineer