



CITY OF ORLANDO

Sewer Benefit Fee Application

Date: _____ Related Building Permit # (if applicable): _____

Job Site Address or Parcel ID #: _____

Legal Description (if additional space is needed please attach separate sheet): _____

Owner Name, Address, Phone: _____

Applicant Name, Address, Phone: _____

Primary Contact: _____ Project Name: _____

For Primary Contact, do we have current FAX # and email address? _____

Project Description (include general location): _____

FEE CALCULATION INFORMATION

Number of Units: _____

Number of Beds: _____

Number of Restaurant/Bar Seats _____

Outdoor: _____

Covered: _____

Uncovered: _____

Indoor: _____

Number of Students _____

At Schools with Café: _____

At Schools without Café: _____

Number of Connections: _____

Total Fixture Units: _____

Number of Seats _____

Theater: _____

Church: _____

Number of Staff _____

At Schools with Café: _____

At Schools without Café: _____

FLOW INFORMATION

Requested Flow (GPD): _____

Demolition Flow (GPD): _____

Owner/
Applicant Signature _____

Print Name _____

Title _____

Date _____

Rev 9/2004



CITY OF ORLANDO

Sewer Benefit Fee Application—Page 2

Qty	FIXTURE TYPE		Fixture Unit Value	Fixture Unit
	AUTOMATIC CLOTHES WASHER, COMMERCIAL	X	3	=
	AUTOMATIC CLOTHES WASHER, RESIDENTIAL	X	2	=
	BATHROOM GROUP (3.5 gpd water closet) consisting of Water Closet, Lavatory, Bidet, and Bathtub or Shower	X	6	=
	BATHROOM GROUP (With 1.6 gpd water closet)	X	5	=
	BATHROOM GROUP (with 1.6 gpd flushometer tank Water Closet)	X	5.5	=
	BATHTUB (with or without overhead shower or Whirlpool Attachment)	X	2	=
	BIDET	X	2	=
	COMBINATION SINK AND TRAY (3 compartment)	X	2	=
	DENTAL LAVATORY	X	1	=
	DENTAL UNIT OR CUSPIDOR	X	1	=
	DISHWASHING MACHINE DOMESTIC	X	2	=
	DRINKING FOUNTAIN	X	0.5	=
	EMERGENCY FLOOR DRAIN	X	0	=
	FLOOR DRAINS	X	2	=
	FLOOR DRAIN 1-1/4" TRAP	X	1	=
	FLOOR DRAIN 1-1/2" TRAP	X	2	=
	FLOOR DRAIN 2" TRAP	X	3	=
	FLOOR DRAIN 2-1/2" TRAP	X	4	=
	FLOOR DRAIN 3" TRAP	X	5	=
	FLOOR DRAIN 4" TRAP	X	6	=
	KITCHEN SINK, DOMESTIC	X	2	=
	KITCHEN SINK, DOMESTIC (with or without foodwaste grinder and/or dishwasher)	X	2	=
	LAUNDRY TRAY (1 or 2 compartments)	X	2	=
	LAVATORY	X	1	=
	SHOWER COMPARTMENT, DOMESTIC	X	2	=
	SINK (Mop sink, scullery sink, prep sink, hand sink, etc.)	X	2	=
	URINAL	X	4	=
	URINAL (1 gallon per flush or less)	X	2	=
	WASH SINK (Circular or multiple) each set of faucets	X	2	=
	WASHING MACHINE RESIDENTIAL	X	3	=
	WASHING MACHINE 1-1/2	X	2	=
	WASHING MACHINE 1-1/4	X	1	=
	WASHING MACHINE 2	X	3	=
	WASHING MACHINE 2-1/2	X	4	=
	WASHING MACHINE 3	X	5	=
	WASHING MACHINE 4	X	6	=
	WATER CLOSET (Flushometer tank, public or private)	X	4	=
	WATER CLOSET, PRIVATE INSTALLATION	X	4	=
	WATER CLOSET, (1.6 gpd) PRIVATE INSTALLATION	X	3	=
	WATER CLOSET, (1.6 gpd, flushometer tank) PRIVATE INSTALLATION	X	3.5	=
	WATER CLOSET, (3.5 gpd) PRIVATE INSTALLATION	X	4	=
	WATER CLOSET, PUBLIC INSTALLATION	X	6	=
	WATER CLOSET, (1.6 gpd) PUBLIC INSTALLATION	X	4	=
	WATER CLOSET, (3.5 gpd) PUBLIC INSTALLATION	X	6	=

Rev 02/2004

Total Fixture Units _____

FIXTURE UNIT CALCULATION

File/Plan #: _____ / _____

1. Please indicate quantity of fixture types;
2. Multiply by fixture unit (FU) values.
3. Add to obtain Total Number of Fixture Units.
4. Total Number of Fixture Units X 15.0 gpd/FU = Projected Flow Per Day _____ (GPD).

SITE PLAN

You are required to submit a site plan indicating any on or off-site sanitary sewer construction and the point of connection to the City's existing Sanitary Sewer System.