

## APPLICATION FOR FINAL UTILITY CONVEYANCE:

### Type of Conveyance

☐ Private ☐ County ☐ No-Conveyance

## APPLICANT CONTACT INFORMATION

Name of Owner: \_\_\_\_\_

Name of Applicant if different than owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## PROPERTY INFORMATION

Original SDP/PPL Project No. (PL)/Project Name: \_\_\_\_\_

## ELECTRONIC SUBMITTAL REQUIREMENT CHECKLIST

At time of submittal, the checklist is to be completed and submitted with the application packet.  
**Incomplete submittal will not be accepted.**

REQUIREMENTS FOR REVIEW:	ELECTRONIC DOCUMENT	REQUIRED
Completed Application (download current form from the County website)	1	<input checked="" type="checkbox"/>
Addressing Checklist	1	<input checked="" type="checkbox"/>
Utilities Conveyance Checklist	1	<input checked="" type="checkbox"/>
All submittal documents in PDF format including Mylar of Plat and include Plat in Auto Cad Format in State Plane Coordinates email to <a href="mailto:cad-submittals@colliercountyfl.gov">cad-submittals@colliercountyfl.gov</a> (If paper submittal)	1	<input checked="" type="checkbox"/>

Applicant/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_