



CITY OF LYNN HAVEN
**WATER/SEWER/IRRIGATION/RECLAIMED WATER
AVAILABILITY REQUEST**
PUBLIC UTILITIES

- *This form is to be used to determine the availability of the City Water, Sewer, Irrigation and Reclaimed Water services.*
- *Allow a ten (10) day response time from the receipt of this request.*
- *Please answer all questions to the site location as incomplete forms may result in delays.*
- *All backflow devices to be lead free and supplied by the contractor.*

Minor Subdivision/Lot Split Staff Member Requesting: _____

Name: _____ Date: ____/____/____

Phone: _____ Email: _____

Property Owner **Owner's Agent** **Other**

SITE LOCATION **Multiple Units**

Address: _____

Block Number: _____ LOT Number: _____

****Requestor is responsible for recognizing the location of utility services and plan accordingly****

******* TO BE FILLED BY ADMINISTRATION ONLY *******

Date Reported: _____ Reported By: _____

Water Available: Yes No

Irrigation Available: Yes No

Sewer Available: Yes No

Reclaimed Water Available: Yes No

COUNTY WATER **CITY WATER** **CAPACITY ANALYSIS NEEDED**

SPECIAL SITUATIONS

Water Location: _____ Sewer Location: _____

Additional Cost Breakdown

Approved By: _____

**THIS FORM MUST BE ROUTED THROUGH THE
BUILDING DEPARTMENT AT,
buildingdepartment@cityoflynnhaven.com**

Not valid if not approved by Director or Assistant
Director of Public Works

Revised 9/5/2025