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### APPLICATION FOR WATER REMETERING PROPERTY OWNER REGISTRATION

**Application Type:** Check one of the following:

- Initial
  Renewal
  2yr Renewal

**TYPE OF OWNERSHIP:** Check one of the following:

- Corporation
  Sole Proprietor
  Fictitious Name
  Other \_\_\_\_\_

**PROPERTY TYPE:** Check one of the following:

- Apartments
  Condominiums
  Mobile Home Park
  Marina

Other Multiple Unity Facility: Describe: \_\_\_\_\_

#### **BUSINESS INFORMATION:**

Property Business Name: \_\_\_\_\_

Fictitious Name/D.B.A.: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ County Property Registration Number: \_\_\_\_\_

Name of Management Company (If Applicable): \_\_\_\_\_

Management's Mailing Address: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Size of Meters: \_\_\_\_\_ Type of Meters: \_\_\_\_\_

**RENEWALS ONLY:** *It is your obligation to notify the Miami-Dade County Consumer Protection Division for any material change pertaining to the information in your original application. Please provide any changes on a separate sheet as an attachment.*

#### **OWNER/OFFICER INFORMATION:** (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

**Please answer yes or no to the following questions:**

- Yes**  **No**  Do you, or any partner(s) or corporate officer(s), or stockholder(s) as applicable, owe money to Miami-Dade County, Florida either individually or through any other business, as a result of the following: unpaid civil enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*
- Yes**  **No**  Will you be installing or arranging for the installation of meters? *If yes, please be advised that C700, C708 and C710 are only approved submeters for use under the program. Also, If you marked yes, please provide current copy of certificate of competency as registered/certified plumber.*

**REMETERER/PLUMBER'S INFORMATION**

Name of the Remetering Company (If Applicable): \_\_\_\_\_

Remeterer's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Certified/Registered plumber or plumbing Company (If Applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Complete the following checklist including those items attached or enclosed with this application:**

- Renewal Applications Need Only Include the **Underlined** Items Below –

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Completed Application</u>             | <input type="checkbox"/> <u>Comparison Report of WASD and Resident Billing</u>     |
| <input type="checkbox"/> <u>License Fees</u>                      | <input type="checkbox"/> <u>Copy of Billing Format</u>                             |
| <input type="checkbox"/> <u>County Local Business Tax Receipt</u> | <input type="checkbox"/> Copies of Plumbing and Electrical Permits (If Applicable) |
| <input type="checkbox"/> <u>Copy of Owner's Driver's License</u>  | <input type="checkbox"/> Copy of Sample Lease or Condominium Agreement             |
|   | <input type="checkbox"/> Submeters And Testing Equipment Specs                     |

I, \_\_\_\_\_, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I declare that I will abide by the provisions aforementioned article and the laws of the State of Florida. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) Print this application, sign and date, and mail to our office with fees and required items from checklist above.
- 2) e-sign, upload along with required items from checklist above at [https://energov.miamidade.gov/EnerGov\\_Prod/SelfService#/home](https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home) and pay fees.

**Instructions for e-sign:**

- 1) type /s/ at the beginning of each signature block; 2) then type your full name; 3) date the application.
- Your e-signature should appear as: /s/ Jane Doe

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE