



Department of Regulatory and Economic Resources

Consumer and Neighborhood Protection Division

11805 SW 26 STREET, Room 230, Miami, FL 33175

Tel: (786) 469-2300

Email: license@miamidade.gov

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: _____ MDC RW 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 and Neighborhood Protection Division for any changes 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: _____

Position: _____

Date of Birth: _____

Address & Zip Code: _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

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"/> Copy of Sample Lease or Condominium Agreement |
| <input type="checkbox"/> <u>License Fees</u> | <input type="checkbox"/> Submeters and Testing Equipment Specs Sheet |
| <input type="checkbox"/> <u>Comparison Report of WASD and Resident Billing</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"/> <u>Copy of Billing Format</u> |

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 three options for submission:

- 1) Print this application, sign and date, and submit it in person or 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 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