



CITY OF FREEPORT
112 Hwy 20 W, Freeport, FL 32439
Telephone: 850-835-2822
Facsimile: 850-835-3137

PRE-APPLICATION FOR SEWER EXPANSION

Property Owner: _____

Contact Phone #: _____

Parcel ID #: _____

Lot/Block/Subdivision: _____

Physical Address: _____

Proposed Use: _____

- Existing Single-Family Home
- Replacement Home Due to Burn-Out (Fire)
- New Construction
- New Additional Single-Family Dwelling

*Once the application is completed, a stake will be issued. Please place the stake on the property so the City of Freeport can ensure a correct price quote for your service. **You will be contacted within 10 business days from the time the application is completed and returned to City Hall.**

I agree to all the terms stated in this application.

Signature _____ Date _____

OFFICE USE ONLY:

Quote for the Expansion good for ninety (90) days:

Employee Signature _____ Date _____

If no physical address is listed for the property, please draw a map below on where the lot is located:
