



**PINELLAS COUNTY UTILITIES ENGINEERING**  
**14 S. FT. HARRISON AVE.**  
**CLEARWATER, FL 33756**  
**(727) 464-3588**

**AFFIDAVIT OF NOTIFICATION**

Pursuant to Section 6.01(D) of the Wellhead Protection Ordinance, you shall provide notification to Pinellas County Utilities for the following activities in the Zone of Protection.

I. Project Information

1. Name of Project \_\_\_\_\_
2. Nature of Business \_\_\_\_\_
3. Parcel # \_\_\_\_\_
4. Address of Project \_\_\_\_\_  
\_\_\_\_\_

II. Owner of property, developer or agent signing Affidavit of Notification. (If agent, a letter of authorization to sign for the owner must be attached.)

1. If individual, provide full legal name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Owner of property (if signed by agent) \_\_\_\_\_

2. If corporation or partnership, provide full name of corporation or relationship to corporation or partnership.

Name of corporation or partnership \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to corporation or partnership \_\_\_\_\_

I have received a copy of "Prohibitions and Restrictions for the Zone of Protection" and "Best Management Practices for the Construction Industry". I understand that there are restrictions and prohibitions concerning the use, handling and storage of regulated substances pursuant to the Wellhead Protection Ordinance. I also understand that certain facilities are prohibited or subject to restrictions within the Zone of Protection. Should regulated substances in amount of ten (10) gallons or twenty-five (25) pounds solid be used, handled, disposed or stored onsite then I will apply for an Operating Permit. At this time I do not meet this criteria regarding the regulated substances. By my signature below, I certify that this document has not been altered from its original form.

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Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

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Notary Public, State of Florida

Original to Utilities - Engineering  
Copy to Applicant