



21 West Church Street
Jacksonville, FL 32202-3139

**PORTABLE FIRE HYDRANT METER
PERMIT APPLICATION**

PERMISSION IS GRANTED TO:

Company Name: _____

Federal Id#: _____ JEA Account Number: _____

Company Corporate Address: _____

All Usage Location(s): _____

**** This permit is valid only for the location(s) listed. The customer must report meter readings to JEA monthly and exchange the meter every six months – no exceptions. Failure to comply with the attached Policy and Procedures will result in cancellation of the permit application, forfeiture of the deposit, and confiscation of the meter.**

Purpose: _____

Meter Size: 2 inch meter Anticipated Job Completion Date: _____

Contact Person Regarding Billing Inquiries: _____

Business Phone #: _____ Cell Phone #: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Remarks: _____

FOR JEA USE ONLY -- PLEASE DO NOT WRITE BELOW THIS LINE -- FOR JEA USE ONLY

PREMISES ADDRESS: _____ FIRE HYDRANT METER WAY, JACKSONVILLE, FL 32202

PERMIT FEE: \$ 25.00

DEPOSIT FEE: \$ 1,500.00

Issued By: _____ Date: ____ / ____ / ____ Check Number _____ TOTAL \$ _____

WRENCH NEEDED: YES NO