

ROSS EARLE BONAN & ENSOR, P.A.

ATTORNEYS AT LAW

ROYAL PALM FINANCIAL CENTER
SUITE 101
789 SW FEDERAL HIGHWAY
STUART, FLORIDA 34994
(772) 287-1745

TRANSOCEAN BUILDING
SUITE 309
1701 HIGHWAY A1A
VERO BEACH, FLORIDA 32963
(772) 563-9555

JOHN P. CARRIGAN
MICHAEL J. BONAN

DEBORAH L. ROSS
DAVID B. EARLE†
ELIZABETH P. BONAN
JACOB E. ENSOR

DATE DEPOSIT OF COUNSEL
THOMAS K. GALLAGHER

†CERTIFIED CIRCUIT CIVIL MEDIATOR

JAN 19 2016 605

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January 14, 2016

Via Federal Express-Overnight Delivery

Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RECEIVED-FPSC
2016 JAN 19 AM 10:03
COMMISSION CLERK

Re: Tropical Isles Utilities

Docket # 160022-SU
ANQ

Dear Sir or Madame:

Pursuant to Rule 25-30.034, Florida Administrative Code for a Utility in Existence and Charging Rates and pursuant to Section 367.045, Florida Statutes, enclosed please find the following:

1. One (1) original and five (5) copies of the completed Application and attached exhibits;
2. One (1) original and two (2) copies of the proposed tariff(s); and
3. A check in the amount of \$750.00 to cover your cost for filing of the Application in the above-referenced matter.

Should you have any questions or if you require any additional information, please do not hesitate to contact my office. Thank you.

Yours truly,


Elizabeth P. Bonan, Esquire
EPB/swa
Cc: Client

INFORMATION PACKAGE TO COMPLY WITH
RULE 25-30.034, FLORIDA ADMINISTRATIVE CODE
FOR A UTILITY IN EXISTENCE AND CHARGING RATES
(Pursuant to Section 367.045, Florida Statutes)

To: Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

The undersigned hereby wishes to comply with Rule 25-30.034, Florida Administrative Code for original certificate(s) to operate a water N/A and/or wastewater x utility in ST. LUCIE County, Florida, and submits the following information:

PART I APPLICANT INFORMATION

- A) The full name (as it appears on the certificate), address and telephone number of the applicant:

TROPICAL ISLES UTILITY CORPORATION

Name of utility

(772) 468-4968

(772) 468-4998

Phone No.

Fax No.

281 TROPICAL ISLES CIRCLE

Office street address

FORT PIERCE

FLORIDA

34982

City

State

Zip Code

N/A

Mailing address if different from street address

N/A

Internet address if applicable

- B) The name, address and telephone number of the person to contact concerning this application:

GEORGE MC DANIEL

(772) 468-4968

Name

Phone No.

281 TROPICAL ISLES CIRCLE

Street address

FORT PIERCE

FLORIDA

34982

City

State

Zip Code

C) Indicate the organizational character of the applicant:
(circle one)

Corporation

Partnership

Sole Proprietorship

Other _____

(Specify)

D) If the applicant is a corporation, list names, titles and addresses of corporate officers, directors. (Use additional sheet if necessary.)

GEORGE MCDANIEL, PERSIDENT 497 HEMINGWAY TERR FT. PIERCE 34982

DONALD BENZ, VP 368 TROPICAL ISLES WAY FT. PIERCE, FL 34982

ANTHONY CIMINO, TREAS. 232 SANDY BOTTOM PL FT. PIERCE, FL 34982

JOHN BROOKS, SECY/DIR 364 TROPICAL ISLES CIR. FT. PIERCE, FL3498

E) If the applicant is not a corporation, list names and addresses of all persons or entities owning an interest in the organization. (Use additional sheet if necessary.)

N/A

PART II SYSTEM INFORMATION

A) **WATER** N/A

(1) Exhibit _____ - A statement describing the proposed types(s) of water service to be provided (i.e., potable, non-potable or both).

(2) Exhibit _____ - A schedule showing the number of customers currently being served by class and meter size, as well as the number of customers projected to be served when the requested service territory is fully occupied.

(3) Indicate permit numbers and dates of approval of water treatment facilities by the Department of Environmental Protection (DEP) or the agency designated by the DEP to issue permits:

(4) Indicate when the water utility system was