

City of St. Augustine

Equivalent Material Submittal Application

Instructions

- 1) Fill out application, attach specifications and product information
- 2) Submit in **duplicate** to City of St. Augustine Public Works Department, Attn: Utilities Engineer
US Mail: P.O. Box 210, St. Augustine, FL 32085-0210
Hand Delivery: 75 King Street, Lobby B, Fourth Floor, St. Augustine FL 32084
- 4) City may request sample of product for review
- 5) Allow minimum of four (4) weeks for application review
- 6) **DO NOT** submit in conjunction with a materials shop drawing review

Submittal Date _____ Project (If Applicable) _____

Contact Information

Company _____

Name _____ Title _____

Address _____

Phone _____ Fax _____ Email _____

Proposed Material Information

Product Type:

- Water & Sewer Water Sewer Pump Station Other

Product Name _____

Product Description _____

Brand _____ Part No. _____ Code No. _____

Existing Material Information

Product Name _____

CITY OF ST. AUGUSTINE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved As Noted	*Place Date Stamp Here*
<input type="checkbox"/> Need Addt'l Info	<input type="checkbox"/> Not Approved	
_____ Signature/Date		