

**CITY OF ST. JOHNS
UTILITY/STREET PERMIT APPLICATION & AUTHORIZATION**

SITE ADDRESS _____ USE _____ PERMIT NO. _____
 OWNER _____ CONTRACTOR _____
 ADDRESS _____ ADDRESS _____
 TELEPHONE _____ TELEPHONE _____

APPLICATION IS HEREBY MADE FOR: **DATE WORK IS TO START:**

Sanitary Sewer (new) (repair) _____
 Storm Sewer (new) (repair) _____
 Water Service (new) (repair) _____
 Street Cut _____
 Sidewalk (new) (repair) _____
 Drive Approach (new) (repair) _____
 Tree/Stump Removal/Trimming _____
 Tree Planting/Spraying _____
 Grading/Filling _____
 Temporary ROW. Use _____

City Ordinance requires a permit for all work within the street right-of-way, any connection to a City utility and any installation of a building service from property line to building. All work done under these permits must be inspected by City Personnel. Call (989) 224-8944 a minimum of (2) hours in advance of all inspections.

The undersigned agrees that all work shall conform to City Specifications and that this application fully indicates all work to be done. Further, I understand that the Water and Sewer Account on this property will be activated thirty (30) days after the connection is completed to the property line, unless notice is given to have the water shut off.

Signed _____ Date _____

Print Name: _____

OFFICE USE ONLY

Approved/Quotation by:	Date		Fees
_____	_____	Sanitary Cap	_____
_____	_____	Sanitary Tap	_____
_____	_____	Sanitary Sewer (Inspection)	_____
_____	_____	Storm Sewer	_____
_____	_____	Water Cap	_____
_____	_____	Water Tap	_____
_____	_____	Water Service (Inspection)	_____
_____	_____	Street Cut	_____
_____	_____	Sidewalk	_____
_____	_____	Drive Approach	_____
_____	_____	Tree	_____
_____	_____	Meter	_____
_____	_____	Misc.	_____

TOTAL \$ _____

cc: As required
 _____ ENGR _____ WATER _____ DPW _____ WWTP _____ OTHER _____ PUBLIC SAFETY