

**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. City Personnel must inspect all work done under these permits. 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 \_\_\_\_\_

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**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