



PLEASE PRINT

PER - 3002

Department of Planning, Engineering and Regulatory Services

APPLICATION TO CONNECT

PROPERTY LOCATION

SECTION 1

Civic Address _____ Suite/Floor _____

Lot # _____ Subdivision _____

Account # _____ Date (yyyy-mm-dd) _____

CONTACT INFORMATION

SECTION 2

Applicant/Property Owner _____

Mailing Address _____ Postal Code _____

Contact Name _____ Email _____

Telephone _____ Fax _____

Contractor/Consultant _____

Mailing Address _____ Postal Code _____

Contact Name _____ Email _____

Telephone _____ Fax _____

PROJECT INFORMATION

SECTION 3

Description of Project _____

Please check all that apply:

Water Service

Sanitary Sewer Service

Storm Sewer Service

OTHER INFORMATION

SECTION 4

- Applicant must obtain a Street Excavation Permit prior to start of work
- All work is to be performed as per applicable sections of the City of St. John's Specifications Book.
- Please note that for an Application to Connect the owner (or his agent) must contact the Water & Wastewater Division at 311 or 576-CITY(2489) and arrange to have the entire length of open trench and the service pipes inspected by the Water & Wastewater Division prior to backfilling. A minimum of 24 hours' notice must be provided to the Water & Wastewater Division. If the open service trench and service pipe(s) are not inspected by the Water & Wastewater Division, water will not be turned on.

APPLICANT SIGNATURE OF AGREEMENT

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's, and, not to commence development without applicable written approval and permits from the City of St. John's. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested.

Note: Where the applicant and property owner are not the same, the signature of the property owner may be required before the application can be accepted for processing.

Applicant _____ Date (yyyy-mm-dd) _____

Property Owner _____ Date (yyyy-mm-dd) _____

Staff Signature _____ Date (yyyy-mm-dd) _____

INTERNAL USE ONLY

SECTION 5

FINANCE:

Roll # _____ File # _____ Class _____

Date Entered (yyyy-mm-dd) _____ Staff Signature _____

PLANNING, ENGINEERING AND REGULATORY SERVICES:

File # _____ Application Type _____

Date Entered (yyyy-mm-dd) _____ Staff Signature _____

City Services	Water	_____	Yes	_____	No	Size _____
	Sanitary Sewer	_____	Yes	_____	No	Size _____
	Storm Sewer	_____	Yes	_____	No	Size _____

Comments _____

WATER & WASTEWATER:

Date Reviewed (yyyy-mm-dd) _____ Staff Signature _____

DISTRIBUTION LIST:

- Applicant File
- Department of Public Works
- Department of Planning, Engineering and Regulatory Services

Please mail completed form to:	Access St. John's First Floor, City Hall 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Call: 311 Where 311 is unavailable, call 709-754-CITY (2489) Fax: 709-576-7688 Email: service@stjohns.ca
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