City of St. Charles PO Box 58 St. Charles, Idaho (208)945-9636



JESS JOHNSON, MAYOR

DALLAS ARNELL

TYLER GUDMUNSON

STACEY TRANSTRUM KENT WILKES

				Approved		Denied
<u>Utilities Request Ap</u>	<u>oplication</u>	City Of	fficial's initials:			
		City	Council Date:			
Applicant Information			Permit #			
Name of Property Owner:						
Mailing Address:						
City:		_State:	Zip Cod	de:		
Property Address:						
City:		_State:	Zip Cod	de:		
Phone: ()	Fax: ()		Cell: ()		
E-mail Address: (optional)						
Request type: New Please continue if this is a /	_			_	conne	ection
Type: Sewer	Sewer Impact Fee:		\$4,000.00 All costs associated with hooking up the sewer will be paid for by the			
	Sewer Hook-up Fee:		applicant.	ii be paid	ioi by	tile
	·		Total Sewer I	Fees:		\$4,000.00
☐ Water	Water Impact Fee:		\$2500.00 All costs associated with hooking up			
	Water Hook-up Fee:		the water will be paid for by the applicant. Total Water Fees: \$2,500.00			
	Grand Total Sew			rees:		\$2,500.00 \$6,500.00
Area Type:	Granic Total Sew	er and walk	er rees.			70,300.00
Residence						
	Field C	orral				

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DALLAS ÅRNELL TYLER GUDMUNSON STACEY TRANSTRUM KENT WILKES

Requeste	d Hook-up Date:		
Please su	pply 3 reference		
4)	Name	Phone #	Address
1)			
2)			
3)			
property	and that I do herns which may be	by accept an	er / tenant of the above-described described and will comply with all rules, ordinances and by the CITY relating to water and sewer service
utility cor my first b to my pro If the pro notify the the mont	mpany that will boill will be mailed operty line and woperty is sold, or the city before the whill be muthly utility fee mu	oe approved be on or about to the due the the billing add 20th of the must be paid; di	hiring a licensed, bonded, insured public works by the city and paid for by me. I understand that the 15th of the month following services brought e following 10th of the month. dress must be changed, it is my responsibility to nonth. As long as the utility remains connected isconnection of service will require all impact and mption of service.
and unint		but cannot b	nake all reasonable efforts to provide continuous be liable for loss or damage (direct, consequential, on of service.
Applican	nt/owner signatu	re:	
X			Date:
I certify that	I have provided accu	rate information	as required by this application form, to the best of my ability