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



ALAN MICHAELSON, MAYOR

DALLAS ARNELL

JESS JOHNSON

KENT WILKES

KIT ANDERSEN

				Approved		Denied
Utilities Request App	<u>olication</u>	City Off	icial's initials:			
		City	Council Date:			
Applicant Information			Permit #			
ame of Property Owner:						
failing Address:						
ity:		State:	Zip Cod	de:		<u>-</u>
roperty Address:						
ity:		State:	Zip Cod	de:		
hone: ()	Fax: ()		Cell: ()		
-mail Address: (optional)						
· —	Sewer Impact Fee: Sewer Hook-up Fee:		\$4,000.00 All costs associated with hooking up the sewer will be paid for by the applicant.			
			otal Sewer I	Fees:	\$	
☐ Water						54,000.0
	Water Impact Fe	A	\$2500.0	ociated wi		ing up
	Water Impact Fe Water Hook-up	A tl Fee: a	•	ociated wi l be paid f	for by tl	ing up
	·	A tl Fee: a T	all costs assone water wil pplicant. otal Water I	ociated wi l be paid f	for by th	ing up
Area Type:	Water Hook-up	A tl Fee: a T	all costs assone water wil pplicant. otal Water I	ociated wi l be paid f	for by th	ing up ne 52,500.0
	Water Hook-up Grand Total Sew Field C	A tl Fee: a T	all costs assone water wil pplicant. otal Water I	ociated wi l be paid f	for by th	ing up ne 52,500.0

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JESS JOHNSON KENT WILKES **DALLAS ARNELL** KIT ANDERSEN

Requested	d Hook-up Date:							
Please sup	oply 3 references.							
	Name	Phone #	Address					
1)								
2)								
3)								
I/We, hereby certify that I am the owner/ tenant of the above-described property and that I do herby accept and will comply with all rules, ordinances and								
regulations which may be prescribed by the CITY relating to water and sewer service and distribution.								
utility con my first bi to my pro If the prop notify the the month hook-up for	npany that will be all will be mailed or perty line and will perty is sold, or the city before the 20 hly utility fee must ees to be repaid be	approved be nor about to be due the billing add the of the mefore resum						
I understand that St. Charles City will make all reasonable efforts to provide continuous and uninterrupted service but cannot be liable for loss or damage (direct, consequential, or otherwise) caused by an interruption of service.								
Applican	t/owner signature	:						
X I certify that	I have provided accurat	e information a	Date:as required by this application form, to the best of my ability					