



PLEASE PRINT

PER - 3002

Department of Planning, Engineering and Regulatory Services

APPLICATION TO CONNECT

Property Information

SECTION 1

Civic Address _____ Date (yyyy-mm-dd) _____

Applicant (Property Owner) _____ Contact Name _____

Email _____ Telephone _____

Contractor/Consultant _____ Contact Name _____

Email _____ Telephone _____

Project Information

SECTION 3

Description of Project

Please check all services that apply:

Water

Sanitary Sewer

Storm Sewer

Privacy Notice

SECTION 4

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohs.ca or by phone 709-576-8565.

Other Information

SECTION 5

- 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) _____

Internal Use Only

SECTION 6

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 and Wastewater:

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

Distribution List:

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

Comments

Please mail completed form to:

Access St. John's
 10 New Gower Street
 P.O. Box 908
 St. John's NL A1C 5M2

Email: service@stjohns.ca
 Fax: 709-576-7688
 Call: 311 or 709-754-2489