

City of St. Elmo
Development Permit Application

Date: _____ Permit No: _____

Applicant Name: _____

Address: _____

_____ Phone No: _____

Permit Type

Sewer Tap-On _____ Water Tap-On _____

Culvert _____

Address/Location of Project: _____

Description of Project: _____

Estimated Project Start-up Date: _____

Estimated Completion Date: _____

Estimated Cost of Demolition: _____

Fee Paid: _____ Date Permit Issued: _____

Signature of Supervisor _____

*Construction must be completed within 120 days of the date of permit issuance. Following the 120 days, permit will expire unless renewed or extended by City Building Official.

Note to applicant: All recipients of City development permits must comply with all municipal regulations pertaining to the particular permit issued. Such regulations have been attached to your copy of this permit.