

# CITY OF ROYSTON

## Application for: Building, Construction, New Construction, Demolition and Manufactured Home Moving Permit.

Request Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_ PERMIT# \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**( ) Permit will not be issued without 911 address.**

Property Address: \_\_\_\_\_

New Service to Location \_\_\_\_\_ No \_\_\_\_\_ Yes (If answer is Yes you must also complete and sign Tap Request Agreement & set up a Utility Service Account Card)

Mailing Address \_\_\_\_\_

County: ( ) Franklin ( ) Hart ( ) Madison Attach Property Map/Parcel Number: \_\_\_\_\_

Primary use of property: \_\_\_\_\_

### Permit for: Check all that apply

- |                      |                           |                      |
|----------------------|---------------------------|----------------------|
| ( ) New Construction | ( ) Addition to structure | ( ) Storage Building |
| ( ) Single Family    | ( ) Demolish              | ( ) Moving           |
| ( ) Multi Family     | ( ) Commercial Building   | ( ) Other: _____     |
| ( ) Duplex           | ( ) Industrial Building   | _____                |
| ( ) Apartment        | ( ) Manufactured Home     | _____                |

Work to be completed: \_\_\_\_\_

Total square footage: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Total number of rooms: \_\_\_\_\_

Acreage of lot/property: \_\_\_\_\_ Number of units: \_\_\_\_\_

### Is property served by?

( ) Public Water ( ) Natural Gas ( ) Public Sewer Septic tank permit # \_\_\_\_\_

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Contractor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Signature: \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Signature: \_\_\_\_\_

Plumber: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Signature: \_\_\_\_\_

HVAC: \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Signature: \_\_\_\_\_

If project site is over 1.1 acres or located within 200 feet of a state water, a soil erosion and sedimentation plan must be submitted with permit application.

Soil conservation office approval date: \_\_\_\_\_

**Permit Fees:**

**Building Permit \$ .20 Total sq/ft      Demolition \$100.00      Moving \$100.00**

**Permits expire 12 months from date of issue. Permits are non-transferrable.**

**All construction permits must have detailed plans that outline total scope of work, in addition to any local zoning requirements and variances prior to permit issue.**

**All demolition permits will require local ordinance compliance. In addition to State, GADNR and EPD of Georgia approval, if required, prior to demolition. Required documentation be submitted at the time of application. Code Enforcement may require additional information prior to approval, all request will be satisfied prior to permit issue.**

**Jobsite box required for new construction: \_\_\_\_\_**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF ROYSTON

## WATER DEPARTMENT REQUEST FOR INSTALLATION OF TAP AND METER

**TO BE COMPLETED WITH APPLICATION FOR UTILITY SERVICE**

DATE REQUEST TAKEN: \_\_\_\_\_ REQUEST TAKEN BY: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WATER TAP \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CLERK \_\_\_\_\_ DATE \_\_\_\_\_

SEWER TAP \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CLERK \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF CUSTOMER: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

INSIDE THE CITY \_\_\_\_\_ OUTSIDE THE CITY \_\_\_\_\_ DEPOSIT \_\_\_\_\_

**ATTACHED HERETO AND INCORPORATED HERewith IS THE APPLICATION FOR UTILITIES SERVICES. SIGNATURE OF APPLICANT SIGNIFIES ACCEPTANCE OF ALL TERMS AND POLICIES ON BOTH APPLICATIONS AS WELL AS APPLICABLE POLICIES OF THE CITY.**

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

**PRICES AND SERVICE ACCESSIBILITY APPROVED BY SUPERINTENDENT OF WATER AND**

**SEWER THIS DAY \_\_\_\_\_ OF \_\_\_\_\_, 202\_\_ BY \_\_\_\_\_**

**SUPERINTENDENT OF WATER AND SEWER**

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## WATER DEPARTMENT PRICES

<b>CONNECTION</b>	<b>*PRICES</b>
WATER ¾ INCH	\$1,500.00
WATER 1 INCH	\$1800.00
WATER 1.5 INCH AND UP	QUOTED
SEWER 4 INCH	\$2,400.00
SEWER 6 & 8 INCH	QUOTED

\*ADD: ROAD BORES, ROAD CUTS AND CASE BORES QUOTED ON A TIME & MATERIAL BASIS PER JOB



# CITY OF ROYSTON

## NATURAL GAS DEPARTMENT TAP REQUEST FORM

CUSTOMER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(PO BOX) (STREET ADDRESS) (CITY) (STATE) (ZIP)

SERVICE LOCATION: \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_ AGRICULTURAL: \_\_\_\_\_

GAS WILL BE USED FOR (CHECK ALL THAT APPLY):

CENTRAL HEATING: \_\_\_\_\_ WATER HEATING: \_\_\_\_\_ COOKING: \_\_\_\_\_ GAS LOGS: \_\_\_\_\_

CLOTHES DRYING: \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

\*\*\*\*\*

GAS MAIN INFORMATION:

MAIN SIZE: \_\_\_\_\_ STEEL/PLASTIC: \_\_\_\_\_ OPERATING PRESSURE: \_\_\_\_\_ PSIG

GAS TAP INFORMATION:

STEEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ LENGTH IN FEET: \_\_\_\_\_

PLASTIC: \_\_\_\_\_ SIZE: \_\_\_\_\_ LENGTH IN FEET: \_\_\_\_\_

FARM TAP REQUIRED: YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, ADD \$50.00 TO TAP FEE

BORE REQUIRED: YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, CONTINUE TO NEXT SECTION:

CHECK ALL THAT APPLY: STREET: \_\_\_\_\_ DRIVEWAY: \_\_\_\_\_ WALKWAY: \_\_\_\_\_

BORE LENGTH IN FEET: \_\_\_\_\_ @ \$3.00 PER FOOT = \$ \_\_\_\_\_

NAME OF PERSON MEASURING FOR TAP: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TAP FEE \_\_\_\_\_

# CITY OF ROYSTON

## APPLICATION FOR UTILITIES SERVICE ACCOUNT CARD

Acct # \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Tap \_\_\_\_\_

Name \_\_\_\_\_ SSN or EIN# \_\_\_\_\_

Service Location \_\_\_\_\_

New Service to Location \_\_\_\_\_ No \_\_\_\_\_ Yes (If answer is Yes you must also complete and sign Tap Request Agreement)

Mailing Address \_\_\_\_\_

County \_\_\_\_\_ Premises: Rent \_\_\_\_\_ Own \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you had utilities with the City of Royston in prior years? \_\_\_\_\_

In another name? \_\_\_\_\_

Name of previous account \_\_\_\_\_

**TAP AND METER CONNECTION.** In addition to the all terms as well as approval by the City and Superintendent of Water and Sewer, **if new service is being established** to the requested location:

- (1) applicant certifies that he/she is owner of the property;
- (2) applicant shall pay deposit fee;
- (3) applicant shall be responsible for payment of tap connection fee, including but not limited to actual cost of bores, road bores, road cuts, case bores;
- (4) applicant acknowledges and agrees tap fee prices are estimates until approved in writing by Superintendent of Water and Sewer;
- (5) installment payments for tap fees, **if and when approved by City**, are only available for established or existing customers within City limits whose accounts are paid in full and have not had late payments within the preceding six (6) months;
- (6) applicant shall not utilize utilities until utility account is established for location; and
- (7) failure to timely pay installment payment subjects service termination without notice.

**NON-PAYMENT.** Utilities will be subject to disconnect for non-payment of bills or noncompliance with any policies of the City of Royston. If utilities are disconnected due to non-payment or violation of policies, reconnect fees are applicable and must be paid in full prior to reconnection.

**DEPOSITS/LATE FEES/GARBAGE FEES.** Customer deposits are non-interest bearing. Deposits will be applied to account balances after two (2) years of uninterrupted service if the account incurs no more than 3 late payment fees and services have not been disconnected for non-payment at any time.

Late fees in the greater amount of \$15.00 or 1.5% are added on the 5<sup>th</sup> of each month.

Payment of garbage service fees is required with gas and/or water service.

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TERMINATION OF SERVICES. When services have been terminated by customer, a final bill will be issued on or about the 10th day of the following month. Customers shall provide City a forwarding address. At that time, any unapplied deposits are subtracted from the outstanding balance. Account difference will be refunded or billed the following week.

**GRANTS BY APPLICANT/CUSTOMER. The applicant/customer hereby:**

- (1) grants the City the necessary easements and rights of way to construct, operate, maintain and repair its lines and all equipment connected or used in connection with the extension of service requested by the undersigned upon, along, across, over, and under said premises.
- (2) understands and agrees, all service lines supplying the undersigned with City utilities and all meters, valves and other equipment constructed or installed by the City in, on, or under said premises, shall at all times be the sole property of the City.
- (3) grants the City right of access to the said premises to repair or service the same and upon the discontinuance of the service for any reason, to remove the same.
- (4) acknowledges, understands and agrees to all terms and policies, including but not limited to those for unpaid bills, taps, tap installment payments and deposits.
- (5) acknowledges, understands and agrees that acceptance of utility creates a contract between applicant/customer and the City of Royston.
- (6) agrees to claim no damage due to stoppage of services resulting from accident, natural disaster, weather, or when necessary to make alterations, repairs, or improvements.
- (7) releases and discharges City from any damage to person or property that customer may suffer.
- (8) indemnifies and hold harmless the City against any claim of a third party for damage to person or property at said location as result of the service.
- (9) acknowledges and understands that unauthorized connection can result in a daily maximum fine of \$100.00 with each day being considered a violation.
- (10) verifies to the best of knowledge that all information provided is true and correct.
- (11) acknowledges, understands, and agrees that all terms will remain in force until notice to terminate services at this service location.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_