

EXHIBIT A

Permit No. \_\_\_\_\_

ST. CHARLES SOD LAYING PERMIT APPLICATION

The following application requests a variance from Ordinance 13.16.205 to allow the laying of sod. In order to receive approval of the variance ALL questions must be answered very specifically. Failure to complete any of the blanks will result on a delay in the issuance of this permit. A \$10.00 fee is required for each application.

\*\*\*\*\*

1. Location of the property being sodded:  
Street Address: \_\_\_\_\_  
Legal description (Lot & Block) \_\_\_\_\_
2. Name and address of the owner of the property listed above:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Information concerning the contractor laying the sod:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Number of square feet of lawn to be sodded: \_\_\_\_\_
5. Date(s) on which sod is to be laid (Be as specific as possible): \_\_\_\_\_
6. Identify the source of water, and the method by which the water will be transported to the site for the initial two week care of the sod. If this source is pond or stream, identify specifically where the water will come from, and attach a letter of permission from the owner of the pond. Water cannot be taken from the City's water distribution system for two weeks after sod is laid.  
  
Source of water: \_\_\_\_\_  
  
Approx. amount of water (in gallons) to be used per week: \_\_\_\_\_
7. The date the property owner will commence using water from the City for lawn sprinkling purposes and the amount of water, in gallons which will be required for proper care in accordance with the restrictions set forth in this section.

Date \_\_\_\_\_ Approx. Amount of Water (in gallons) per week \_\_\_\_\_

The following signatures must be obtained before this application will be processed.

_____	_____	_____	_____
Property Owner	Date	Sod Contractor	Date
*****			

FOR OFFICE USE ONLY

Director of Public Works  
or his/her Designee \_\_\_\_\_ Date: \_\_\_\_\_ "