



11936 Ferdinand * P.O. Box 400 * St. Francisville, LA 70775
Phone (225) 635-3688 * Fax (225) 635-6984 * email: townhall@townofstf.com

ELECTRICAL PERMIT APPLICATION

Date: _____

Circle Provider Name: **ENTERGY** or **DEMCO** Account #: _____

Account Name: _____

Street #: _____

Street Name: _____

Lot/Apt #: _____

Contact Name for Questions: _____

Phone: _____

Alt Phone: _____

Email Address: _____

Permit Type:

- Emergency Disconnect
- Emergency Re-Connect
- Permanent
- Temporary
- Trailer Meter Loop
- Meter Base
- Addition
- Solar
- Certificate of Occupancy
- Remove

Premise Type:

- House
- Apartment
- Suite
- Boat Slip
- Trailer
- Unit
- Commercial

Remarks:

Permit request will not be submitted to your electrical provider until approved by our Building Official.

*****OFFICE USE ONLY*****

Approved by: _____ Date: _____ Time: _____

Entered/Entergy Portal: Date: _____ Time: _____



APPLICATION FOR NEW GAS AND/OR
WATER METER SERVICE LOCATION

The undersigned hereby applies to the Town of St. Francisville, LA., for natural gas service and water service within or outside of the corporate limits of said Town. If this application is approved by the Town of St. Francisville the undersigned agrees to the following terms:

APPLICATION FOR SERVICE AND UTILITY SERVICE DEPOSIT: An *APPLICATION FOR SERVICE* form and the required utility service deposit must be made by the account holder prior to the time service is begun.

** See attached APPLICATION FOR SERVICE for additional information such as utility rates, re-connect fee, deposit requirements, payment of bills and discontinuance of services.*

INSTALLATION CHARGE: All installation charges will be the actual cost of making the installation. No installation or connection from main to meter are to be made exempt by an authorized representative of the Town of St. Francisville, Louisiana, according to the specifications of said Town.

- All installation charges, service charges and utility service deposits must be paid at Town Hall before the service is turned on.

In addition to the forgoing term, the following additional terms apply for gas and water service rendered outside the corporate limits of the Town of St. Francisville, Louisiana:

- All meters will be located at the gas main except in the case where the main is in a public right-of-way not owned by the Town of St. Francisville in which case the mater shall be located on the right-of-way line closest to the main.

An installation charge of the actual cost of installation will be charged and will include the cost of such meters and regulators as needed.

Installations where Industrial Rate applies, no other service may be connected on the consumer’s side of the meter to the line service the industrial service.

Where more than one service is provided on the consumer’s side of the meter, an individual must sign this application and that individual will be responsible for all bills rendered on that meter.

Commercial and residential installations must be on separate lines unless the residential rate is paid on all installations on a single line.

Whenever it appears to be economically feasible and to the best interest of the Town any of the foregoing terms may be waived or modified by the Board of Aldermen.

ATTENTION GENERATOR USERS:

IF YOU INTEND ON INSTALLING A GENERATOR WE WILL NEED TO KNOW AHEAD OF TIME IN ORDER TO INSTALL THE CORRECT SIZE EXCESS FLOW VALVE. WE WILL NEED THE SIZE OF THE GENERATOR (BTU) THAT WILL BE INSTALLED.

Generator Size: _____ **Generator BTU:** _____

PARTY RESPONSIBLE FOR THE INSTALLATION BILL

DATE: _____ APPLICANT NAME _____

PHONE NO. _____

STREET ADDRESS: _____ LOT NO. _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

APPLICANTS SIGNATURE: _____

DATE APPROVED: _____ APPROVED BY: _____

GAS SUPERINTENDENT



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APPLICATION FOR SENIOR CITIZEN WATER DISCOUNT

Requirements for Eligibility:

1. Must be 65 years of age or older.
2. Must provide proof of residence (Entergy or DEMCO Bill).
3. Must provide photo identification (Driver's License or Photo ID Card) for verification of age.
4. Applicant's name must appear on the Town of St. Francisville Utility Bill.

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Applicant's Signature: _____

Date of Application: _____

FOR OFFICE USE ONLY:

Utility Account #: _____

() Make Copy of Photo ID (Driver's License or Id Card)

() Make Copy of Proof of Residency (Entergy or DEMCO bill)

Employee Initials: _____



APPLICATION FOR UTILITY SERVICE

GAS SERVICE **WATER SERVICE** CUSTOMER NO: LOCATION NO:

CUSTOMER INFORMATION: (PLEASE PRINT)

NAME: DATE OF BIRTH:

BUSINESS NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHONE NO: () WORK NO: ()

EMAIL ADDRESS:

EMPLOYMENT:

SOCIAL SECURITY NO: LICENSE NO:

SPOUSE NAME:

SPOUSE WORK NO: () SOCIAL SECURITY NO:

SPOUSE EMPLOYMENT:

.....

SERVICE LOCATION DETAILS:

PHYSICAL ADDRESS: LOT #:

USE OF PROPERTY: RESIDENTIAL OR COMMERCIAL

DO YOU OWN OR RENT/LEASE? YES OR NO

IF YOU ARE RENTING/LEASING, PLEASE PROVIDE OWNER'S NAME & CONTACT NUMBER:

LANDLORD: PHONE NO:

UTILITY SERVICE START DATE:

.....

OFFICE: Beginning Readings Gas and/or Water

UTILITY SERVICE TERMS FOR THE TOWN OF ST. FRANCISVILLE, LA

The undersigned hereby applies to the Town of St. Francisville, LA., for natural gas service and water service within or natural gas service outside of the corporate limits of said Town. If this application is approved by the Town of St. Francisville the undersigned agrees to the following terms:

RATES: Utility rates will be charged as set forth by ordinance of the Town of St. Francisville as adopted by the Board of Aldermen. Said utility rates are subject to change without notice. Utility rates are on file at the Town Hall, St. Francisville, Louisiana, and are open to inspection request during normal office hours.

RE-CONNECT FEE: A re-connect fee of \$15.00 will be charged for re-establishing gas or water service when disconnected for non-payment.

CUSTOMER DEPOSIT: A customer deposit must be made prior to the time service is begun. Said deposit will be returned less any bills outstanding at the time service is permanently discontinued. Whenever it appears to be economically feasible and to the best interest of the Town any of the foregoing terms may be waived or modified by the Board of Aldermen. Deposit amounts are as follows:

<u>CUSTOMER TYPE</u>	<u>GAS DEPOSIT REQUIRED</u>	<u>WATER DEPOSIT REQUIRED</u>
HOME OWNER	GAS \$110.00	WATER \$40.00
RENTER	GAS \$150.00	WATER \$80.00
BUSINESS	GAS \$200.00	WATER \$100.00

PAYMENT OF BILLS: BILL BECOMES DELINQUENT ON THE DATE SHOWN. SERVICE WILL BE DISCONTINUED THEREAFTER WITH OUT FURTHER NOTICE AND A RECONNECTION FEE WILL BE CHARGED. A 5% PENALTY WILL BE CHARGED IF NOT PAID BY DELINQUENT DATE.

DISCONTINUANCE OF SERVICES: A discontinuance of service request must be provided to the Town in writing. Contact Town Hall to receive a form that customers need to complete which provides the date of disconnection and forwarding address so that Town can refund any remaining deposit balance after deduction of your final bill. Until discontinuance notification is received in writing, said bill will remain the account holder's responsibility.

NOTIFICATION OF GAS CUSTOMER'S RESPONSIBILITIES

1. The operator (Town of St. Francisville) does not maintain the customer's buried piping which includes all piping from the gas meter to the customer's residence or business. **IT IS THE CUSTOMER'S RESPONSIBILITY.**
2. The customer's gas piping should be installed by **a certified plumber only.**
3. If the customer's buried piping is not maintained, it may be subject to the potential hazards of corrosion and leakage. **THIS MAINTENANCE IS THE CUSTOMER'S RESPONSIBILITY.**
4. The Customer's buried gas piping is their responsibility and should be:
 - A) Periodically inspected for leaks.
 - B) Periodically inspected for corrosion if the piping is metallic.
 - C) Repaired if any unsafe condition is discovered.
5. When excavating near buried gas piping, the piping should be located in advance by contacting LA One Call by dialing 811, and the excavation done by hand.

I understand that I am legally responsible for all charges incurred on this account until the Utility Department of the Town of St. Francisville **is notified in writing** of intent to close account. The Town provided a copy of this form, in which the Town of St. Francisville's utility service policies are stated, to me.

Customer Signature

Date

OFFICE TO COMPLETE BELOW INFORMATION

DEPOSIT PAID

Date Paid: _____

Gas Deposit: _____

Water Deposit: _____

Total Paid: _____

COPIES REQUIRED

Received Copy of Customer ID: _____

Original – Accounts to Activate Folder _____

Copy 1 – UT DEPOSITS TO POST Folder _____

Copy 2 – Daily Work _____

Copy 3 - Customer _____

Initial

****Look up and fill in the location number.***

****Search for an existing customer account. (If existing fill out customer number /If non-existing leave blank.)***

****Take and record deposit above.***

****Make (1) copy of driver's license and (3) copies of completed application (distribute & initial per above).***

****Send WORK ORDER requesting beginning readings. (Attach completed WO to original application).***

****Make card for the meter books. (Attach meter card to original application).***