

**Building & Planning
Department**

(219) 365-5301 Voice
(219) 558-2082 Facsimile



**St. John Municipal Building
10955 W. 93rd Ave.
St. John, IN. 46373**

Date: _____

Name: _____

Address: _____

Subdivision: _____

Lot #: _____

Phone Number: _____

I certify that I am the owner of the property listed above. I verify in this signed document that I am fully aware that I am placing a structure (_____) in a designated easement and will be removed at my own expense if necessary utility work or maintenance is mandated. I assume full responsibility for this decision/action.

Signature of property owner

Witnessed/Date