

SEWER PERMIT APPLICATION
 GRATTAN SEWER SYSTEM
 GRATTAN/VERGENNES SEWER SYSTEM

Applicant: _____
 (Circle One) *Property Owner* **OR** *Agent for Property Owner*

Connection Address: _____

Parcel #: _____ **Between:** _____ **AND** _____

Property Owner's Name: _____

Phone #'s: _____

Address: _____

Sewer Plumber: _____ **Phone #:** (Cell) _____ (Work) _____

Sewer Excavator: _____ **Phone #:** (Cell) _____ (Work) _____

Application For: (Circle One) *New Connection* *Disconnection* *Reconnection*

Signature of Applicant: _____ **Date:** _____

Sewer Clerk's Use Only - DO NOT WRITE IN THESE BOX'S

Required Fees: (Requires two(2) separate checks)

Connection Fee
 ___ Direct Connection \$4,560.00
 ___ Indirect Connection \$2,660.00

Service Stub
 ___ Yes \$450.00
 ___ No

Inspection and Permit Fee
 ___ New \$250.00
 ___ Disconnect \$150.00
 ___ Reconnect \$150.00

Civil Penalty
 ___ Yes (\$ _____ X _____ Months)
 ___ No

Miscellaneous User Fees
 ___ Excess Inspection Services
 ___ Other

Check Total

Paid by: _____ Check # _____ Date _____

General Checklist: (Required)

A. Application signed and dated by applicant
 ___ Yes

B. Plans and specifications (Check One)
 ___ Required (filed with township)
 ___ Not Required
 signed and dated by property owner
 ___ Yes

General Checklist: (Not Required for Issuance of Sewer Permit)

A. Building Permit
 ___ Applied For ___ Issued Exp.Date _____

B. Sewer System Available
 ___ Yes ___ No ___ No
 Extend Per Sec. 308 Extend Per Sec. 309
 of Ordinance of Ordinance

YOUR PERMIT EXPIRES:

1. When your *Certificate of Occupancy* is granted.
OR
 2. *150 days* from the date your sewer permit is issued.
 In this case, your permit *will* expire on: _____

Approval of Permit

Permit #: _____ Sewer Account #: _____
 Date Issued: _____ ___ New ___ Disconnect ___ Reconnect
 Signature of Sewer Clerk/Supervisor: _____ Date: _____

Inspection Report

Sewer Permit # _____

Size of Connection _____ Size of Main _____

Location of Main Sewer _____

"Y" Location _____

Type of Pipe & Joint _____

Tap Location _____

Soil Condition _____

Installed by: _____ Date: _____

Inspected by: _____ Date: _____

Approved Not Approved

Grinder Pump yes () no () inspected ()

Sketch Building Sewer Location:



Remarks:

Signature of Inspector: _____ Date: _____