WEST BRANCH TOWNSHIP

OGEMAW COUNTY, MICHIGAN

Application to connect to the Municipal Water/Sewer System

Applicant Information (Individual Home Owner or Corporate Name)

Name:		Phone #:		
Address:Street	(City State	Zip	
Property Owners Name: (if different	nt from applicant):		•	
Property ID#:				
			Water & Sewer Tap	
	Contract	or Information		
Name:		License	#:	
Address:				
Street	(City State	Zip	
	ercial, or Industrial activ			
Size of Water Line:	Are there ar	ny existing wells on the pro	operty?*	
*If the answer is yes, please notify accordance with Public Health Coo			ell has been properly plugged, in	
Estimated Water Usage per quarter	::		-	
	Sewer	Connection		
Sewer: New Constr	ruction Pr	re-existing (if so what is the	<i>'</i>	
Diameter of building sewer pipe:	Material	of building sewer pipe:		

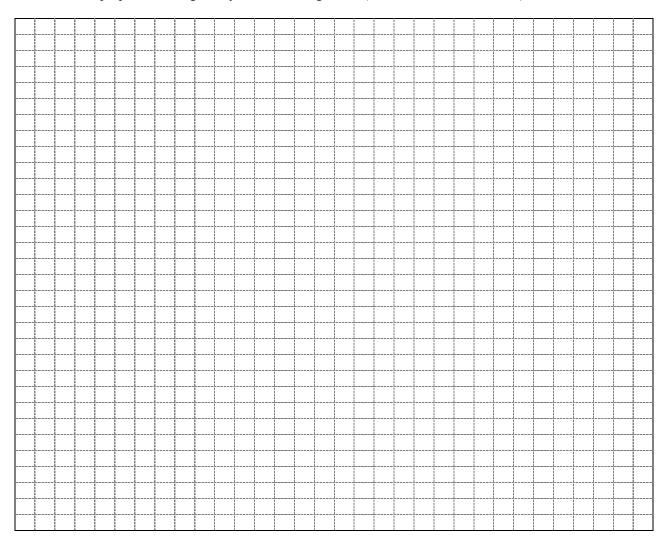
Grease trap required:	YesNo	
Type of Service:	Residential (Single family) Residential (Multiple families) # of Units & Buildings Commercial (Include description below) Industrial (Include description below)	
Description of Residential, C	ommercial, or Industrial activity:	
		_

Site Plan Requirements

A site plan drawn to scale showing the location and size of the proposed building, structures, or use as it relates to roads and rights-of-way, lot lines, other buildings on the site, existing or proposed sewage disposal facilities, existing or proposed water wells, water supply lines, lakes, streams, or wetlands.

Residential (Single Family): Use attached graph.

All others: Site Plan prepared and signed by a licensed engineer. (8 ½" x 11" minimum size)



Signature of Applicant

You must pick up a meter from the City of West Branch Public Works Department and have it installed by your plumber. (You will receive a bill for the meter from West Branch Township)

Application is hereby made for a permit or permits to authorize the activities described herein. I certify that I am familiar with the information contained in this application and to the best of my knowledge is true and accurate. By signing this application, I understand and allow representatives of West Branch Township, City of West Branch, and Ogemaw County to enter upon said property in order to inspect the proposed project. I understand that the granting of permits by local, state, or federal agencies do not release me from the requirement of obtaining the permit requested before commencing the project. I understand that the payment of any fees does not guarantee permit.

I hereby certify that the work described on this permit application shall be installed in accordance with the State Plumbing Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector or authorized individual(s) for West Branch Township, City of West Branch, or Ogemaw County. I will cooperate fully with any of the inspectors or authorized individuals of West Branch Township, City of West Branch, and Ogemaw County and assume the responsibility to arrange necessary inspections.

Signature of Applicant		Date	
	FOR OFFICE USE ONLY		
Date Application received: Date Application approved: Date Application Approved with Stipul Date Application denied:	ations:		
State required stipulations or reason for	denial:		
Required Fee Amount:	Date received:	Receipt #:	
Signed by		Date	