

GRAND TRAVERSE COUNTY DEPARTMENT OF PUBLIC WORKS  
 2650 LAFRANIER ROAD  
 TRAVERSE CITY, MI 49686-8972  
 PHONE (231)995-6039  
 FAX (231) 929-7226  
[pubworks@gtcountymi.gov](mailto:pubworks@gtcountymi.gov)

## RESIDENTIAL PERMIT APPLICATION

☐SEWER

☐WATER

#

TOWNSHIP \_\_\_\_\_ PROPERTY TAX ID \_\_\_\_\_ DATE \_\_\_\_\_

### PROPERTY INFORMATION

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ BUILDING/UNIT/LOT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

☐NEW BUILDING ☐EXISTING BUILDING ☐HOME BUSINESS

Contractor/Excavator: \_\_\_\_\_ (NOTE: MUST HAVE CURRENT BOND ON FILE) PHONE# \_\_\_\_\_

### BILLING INFORMATION (Same as Above? ☐ YES ☐ NO)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

### WATER SERVICE INFORMATION (EXISTING WELL? ☐ YES ☐ NO; Use for IRRIGATION ☐ YES ☐ NO; IF YES, PERMIT REQUIRED)

METER SIZE  (See chart below for assistance) IRRIGATION ☐ YES ☐ NO

REQUESTED SERVICE LEAD SIZE

Type of Fixture	# of Units		Gpm/unit		Subtotal gpm	METER SIZE		
Household toilet		x	1.60	=		TOTAL GPM		METER
Urinal		x	1.00	=		≤	25	5/8
Bidet		x	2.00	=		≤	55	1
Toilet (SLOAN TYPE – commercial grade)		x	1.00	=		≤	100	1 1/2
Bath Tub without shower		x	4.00	=		≤	160	2
Bath Tub with shower or shower only.		x	2.50	=		≤	400	3
Residential Sink/Lavatory		x	2.50	=		≤	800	4
Laundry/Janitor Sink		x	3.00	=		≤	1500	6
Irrigation/Sprinkler System (# of zones)		x	5.00	=				
Kitchen Sink		x	3.00	=				
Residential Dish Washer		x	2.75	=				
Washing Machine/Laundry tray		x	4.00	=				
TOTAL GPM				=				

### SEWER SERVICE INFORMATION (EXISTING SEPTIC TANK? ☐ YES ☐ NO IF YES, OWNER MUST PROPERLY ABANDON SEPTIC TANK)

*The foregoing information is certified to be true and accurate*

BY PROPERTY OWNER or OWNER'S REPRESENTATIVE If Owner's Representative; Authorization included? ☐ YES ☐ NO

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_