



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

DATE: \_\_\_\_\_

## DPW CONNECTION PERMIT APPLICATION

Information for the property you want to connect:  SEWER  WATER

### PROPERTY INFORMATION

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ BUILDING/UNIT/LOT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

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

PROPERTY USE  RESIDENTIAL  COMMERCIAL  INDUSTRIAL  OTHER  
 NEW BUILDING  EXISTING BUILDING  HOME BUSINESS

Excavator: \_\_\_\_\_ (NOTE: THEY 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)

NOTE: A PRESSURE REDUCING VALVE IS REQUIRED FOR LINE PRESSURES GREATER THAN 80 PSI

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

REQUESTED SERVICE LEAD SIZE  FIRE SERVICE LINE  YES  NO SIZE  Separate from Domestic  YES  NO

Information that may help you size the meter – refer to your plumber for recommendations:

Type of Fixture	# of Units	Gpm/unit	Subtotal gpm	METER SIZE	
				TOTAL GPM	METER
Household toilet	x	1.60	=	≤ 25	5/8
Urinal	x	1.00	=	≤ 55	1
Bidet	x	2.00	=	≤ 100	1 1/2
Toilet (SLOAN TYPE – commercial grade)	x	1.00	=	≤ 160	2
Bathtub without shower	x	4.00	=	≤ 560	3
Bathtub with shower or shower only.	x	2.50	=	≤ 1100	4
Residential Sink/Lavatory	x	2.50	=	≤ 2000	6
Laundry/Janitor Sink	x	3.00	=		
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)

**If this application is for property other than residential, please complete page 2.**

*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 \_\_\_\_\_



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## COMMERCIAL BUSINESS INFORMATION

Business Name (if applicable): \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF BUILDING (OUTER WALL TO OUTER WALL) \_\_\_\_\_

- RESTAURANTS REQUIRE THE NUMBER OF SEATS
- SALONS REQUIRE THE NUMBER OF CHAIRS/STATIONS
- MEDICAL BUILDINGS REQUIRE THE NUMBER OF EXAM ROOMS
- HOTELS REQUIRE NUMBER AND SIZE OF ROOMS

**DESCRIPTION** – Please describe the use of the building. If you need more room, please attach additional sheets.

PRIMARY USE OF THE BUILDING \_\_\_\_\_

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SECONDARY USE OF THE BUILDING; IF APPLICABLE \_\_\_\_\_

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**IPP MANHOLES ARE REQUIRED FOR ALL NON-RESIDENTIAL BUILDINGS**

**GREASE TRAPS ARE REQUIRED FOR ALL RESTAURANTS AND FOOD PREPARATION USES**

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**I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE AND THAT THE USE(S) DESCRIBED ABOVE BEST REPRESENT THE ACTUAL USE OF THE BUILDING CONNECTING TO WATER AND/OR SEWER. I ALSO UNDERSTAND THAT FUTURE CHANGES TO THIS USE REQUIRE A REVIEW OF THE ACCOUNT AND ADDITIONAL CHARGES MAY APPLY.**

**FOR COMMERCIAL/INDUSTRIAL USES ONLY**

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

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