



2650 LAFRANIER ROAD
TRAVERSE CITY, MI 49686-8972
PHONE (231)995-6039
FAX (231) 929-7226
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 | | |
|--|------------|---|----------|---|--------------|------------|------|-------|
| 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 |
| Bathtub without shower | | x | 4.00 | = | | ≤ | 160 | 2 |
| Bathtub with shower or shower only. | | x | 2.50 | = | | ≤ | 560 | 3 |
| Residential Sink/Lavatory | | x | 2.50 | = | | ≤ | 1100 | 4 |
| Laundry/Janitor Sink | | x | 3.00 | = | | ≤ | 2000 | 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)

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 _____

SECONDARY USE OF THE BUILDING; IF APPLICABLE _____

IPP MANHOLES ARE REQUIRED FOR ALL NON-RESIDENTIAL BUILDINGS

GREASE TRAPS ARE REQUIRED FOR ALL RESTAURANTS AND FOOD PREPARATION USES

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 _____