

APPLICATION/PERMIT FOR SEWER SERVICE
CITY OF ALGONAC
STATE OF MICHIGAN

APPLICATION IS HEREBY MADE FOR AUTHORITY TO CONNECT THE PREMISES AT _____
STREET, LOT # _____

BLOCK _____ WITH THE CITY'S SANITARY SEWER MAIN ON _____
STREET, BY A FOUR (4") INCH SCHEDULE 40 SEWER PIPE.

CONNECTION WILL BE MADE _____ FEET [NORTH, SOUTH, EAST, OR WEST] OF THE MANHOLE
NUMBER _____ LOCATED AT THE INTERSECTION OF _____

AND _____ ALL MATERIAL AND WORKMANSHIP WILL BE IN STRICT
COMPLIANCE WITH CITY ORDINANCES RELATIVE TO SUCH WORK AND SHALL BE APPROVED BY THE CITY
MANAGER'S AUTHORIZED REPRESENTATIVE BEFORE AND AFTER BACKFILLING.

CITY CLERK

OWNER OR AUTHORIZED CONTRACTOR

RECORD OF SEWER TAP

PERMIT # _____ DATE _____ OWNER _____

STREET ADDRESS _____

LOT # _____ BLOCK _____

KIND OF PIPE _____ SIZE _____

TAP LOCATION _____ FEET _____

FROM _____ LINE OF _____

DEPTH OF MAIN SEWER _____ ENTERS LOT AT _____

FROM _____ LINE OF _____

DEPTH AT PROPERTY LINE _____

PLUMBER/CONTRACTOR _____

NOTES _____

INSPECTOR _____ DATE _____

FEES \$ 350.00 CK# _____ PAID _____ RECEIPT# _____