Utilities Department

FIRE SERVICE LINE

Application and Permit

Permit No. _____

Permit Date:_____

Service Address_____

Owner's Name:_____ Phone:_____

Owner's Present Address:_____

Contractor/Plumber's Name:_____

Contractor/Plumber Address:_____Phone:_____

New Fire Service Line:_____ Replacement Fire Line:_____

Owner's Flow Requirements:_____

Number of Sprinkle Heads:_____ Will Booster Pump be Used?_____

Chemical Additives Used:_____ If yes, list type:_____

Will backflow protection be required?_____

Service Line Location (desired):_____

Requested installation date:_____, Dept. scheduled date_____

Service installation charges billed to:_____

Monthly User Charges billed to:_____

Installation Charge Estimate:

ALL TAP FEES, DISTRICT
CHARGES ARE TO BE PAID
BEFORE WORK IS SCHEDULED

District Charges $_____

Tap Fee $_____

Total Estimate $_____

Note 1: This is NOT a permit for the installation or alteration of a fire suppression system or the underground piping. A City Mechanical Permit must be applied for through the Building Office.

Note 2: Insurance Requirements: Before a permit is issued the Contractor must show proof that he has Liability Insurance with completed operations and products issued to the City, with a minimum of $100,000 bodily injury and $50,000 property damage to cover the required work within the street right-of-way. A ten day cancellation clause to the City of Cadillac must also be included.

Note 3: All fire service lines must be chlorinated and coliform tested before turning on.

In the event the non-dedicated and/or dedicated fire suppression are turned off due to delinquency of payment, the City of Cadillac shall not be liable. For the case of non-dedicated fire systems, the fire system would be inactivated when the domestic service is shut-off at the curb valve Refer to Chapeter 22 of the Cadillac City Code.

Call MISS DIG - 3 days before digging

_____

Owners or Contractor Signature

UTILITIES DEPARTMENT REVIEW

Is water available at property:_____

Main Size:_____ Tap Size:_____

Can tap date be met:_____Where are detector checks installed?_____

Is Contractor's Insurance on file?_____yes_____No

PERMIT APPROVAL

Division Supervisor:_____ Date:_____

Comments:_____

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