Utilities Department

SANITARY SEWER SERVICE CONNECTION

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:_____

Type of Service (key):_____ Size of Line (4" min.):_____

Pipe Material:_____ Schedule:_____ Joint Type:_____

Is City Water Used:_____ Private Well Used:_____Supply Metered:_____

Lateral line location required:_____

Lateral line installation required:_____Requested Date:_____

Service installation charges billed to:_____

Monthly User Charges billed to:_____

1. Exact sewer "Y" or lateral location/elevation cannot be guaranteed.
2. All District Charges, Deposits and fees must be paid prior to permit approval.
3. A visual location by the City is required before burial.
4. Installation coupling to be "Fernco" or PVC solvent weld only.
5. New commercial/industrial installations must complete a non-domestic user survey.

Installation Charge Estimate:

District Charges $_____

Other $_____

Total Estimate $_____

Date Paid: _____

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.

The owner/contractor must report any tree or tree root damage to the City of Cadillac forester.

Call miss Dig - 3 days prior to digging

_____

Owners or Contractor Signature

UTILITIES DEPARTMENT REVIEW

Is sewer available at property:_____

Main Size:_____ "Y" or Lateral size:_____

Location Completed: _____By:_____

Will Monitoring Manhole be required: _____

Is Contractor's Insurance on file? ____yes_____ no

Is Homeowners Insurance being used?_____yes_____no; If yes copy must be provided.

SERVICE TYPE KEY

DN - Domestic, New
DR - Domestic, Replace/Repair
C/IN - Comm/Ind, New
C/IR - Comm/Ind, Replace/Repair
EL - Existing Line Used

PERMIT APPROVAL

Division Supervisor:_____ Date:_____

Comments:_____

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