



Utilities Department
STORM SEWER

Application and Permit

Permit No. _____
Permit Date: _____

Service Address: _____

Owner's Name: _____ Phone: _____

Owner's Present Address: _____

Contractor/Plumber's Name: _____

Contractor/Plumber Address: _____

Contractor's Phone No.: _____

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

Pipe Material: _____ Schedule: _____ Joint Type: _____

Planned Installation Dated: _____

Service installation charges billed to: _____

1. Exact sewer "Y" or lateral location/elevation cannot be guaranteed.
2. A visual location by the City is required before burial.
3. Installation coupling to be "Fernco", PVC solvent weld or mechanical joint only.
4. New commercial/industrial installations must complete a non-domestic user survey.

Installation Charge Estimate:

Charges \$ _____

Total \$ _____

Date Paid: _____

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

Call MISS DIG - 3 days before digging

Owners or Contractor Signature

UTILITIES DEPARTMENT REVIEW

Is storm sewer available at property: _____

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

Location Completed: _____ By: _____

Is Contractor's Insurance on file: ____yes____no.

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

Department Clerk: _____ Date: _____

Division Supervisor: _____ Date: _____

Comments: _____