CITY OF CADILLAC MICHIGAN

WATER 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:_____

Contractor's Phone No.:_____

Type of Service (key):_____ Size of Line (in):_____

Size of Meter (in):_____ or gpm required:_____

Meter Setter provided by Utility Dept.:_____ or Contractor:_____

Private Well in Residence:_____Yes;_____No; In use:_____Yes;_____No.

Meter to be placed in Vault:_____ in Building:_____

Meter and/or vault location:_____

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 $_____

Meter Fee $_____

Total Estimate $_____

Insurance Requirements: Before a permit is issued the Contractor must show that he has Liability Insurance certificate on file with the City. If the homeowner is using his insurance, by signing this permit you are stating that your insurance will be liable for any damage.

The owner/contractor must report tree or tree root structure damage to the city forester.

CALL MISS DIG - 3 DAYS BEFORE DIGGING

_____

Owners or Contractor Signature

UTILITIES DEPARTMENT REVIEW

Is water available at property:_____

Main Size:_____ Tap Size:_____

Meter Available:_____ On Order:_____

Setter Available:_____ On Order:_____

Vault Available:_____ On Order:_____

Can tap date be met:_____ Can meter date be met:_____

Is Contractor's Insurance on file?____yes____no

Is Homeowners Insurance being used?____yes____no; Must provide copy.

SERVICE TYPE KEY

DN - Domestic, New
DR - Domestic, Replace/Repair
C/IN - Comm/Ind, New
C/IR - Comm/Ind, Replace/Repair
FS - Former Service Line

PERMIT APPROVAL

Department Clerk:_____ Date:_____

Division Supervisor:_____ Date:_____

Comments:_____

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