Application for Water and Sewer Services

City of East Tawas ♦ 760 Newman Street ♦ PO Box 672 ♦ East Tawas, Michigan 48730-0672 phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall@easttawas.com ♦ www.easttawas.com Please print legibly

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Owner:			Contractor:				
Present Address:			Phone:				
Phone:			Improvement Cost:				
Address (site):			Property Code No:				
Subdivision Name:			Block:	Lot:	Zoning Distri	ct:	
Is this	connection repla	cing a well? 🗖 No		blic Health Code, Adged and a report file to contact District	led with the local h	ealth departmen	t. It is the owner's
fees ar	•	es must be paid upo	sewer service on filing of application pril 1st and Decembe	n, and that serv	-		sewer connection as feasible on
1.	It is understood that no drain or storm water is allowed in the sanitary sewer at any time.						
2.	The owner is responsible for installation of a trap or check valve to protect his/her property from damage in the event of sewage back-up.						
3.	The connection fee includes a water meter up to and including 3/4 or 5/8 inches; any size over this must be paid fo separately by the owner or contractor. The owner or contractor must install the water meter furnished by the City in an approved location within the structure.						
4.	The owner must comply with Chapter 36. Utilities, Article VII. Cross Connection Control in the Code of Ordinances of the City of East Tawas, which was enacted to prevent any possible contamination of the public water supply due to a cross-connection with any other source of water through which a backflow could occur.						
5.	The owner or contractor must notify the City when ready to make the connection. All connections must be inspected by the City before being covered up, or they will be dug up for inspection at the owner's expense.						
	WATER CONNECTION SIZEINCH			CHARGE FOR SERVICE \$			
	SEWER CO	NNECTION SIZE	INCH	CHARGE FOR S	SERVICE \$		
	WATER ME	ETER LOCATION					
		•	ning permit, I agree t any damages resultii	• •	II applicable ord	dinances of th	e City of East
Applicant's Signature / Printed Name Date				_ To	Total Paid:		
					Da	ate:	
Water ar	nd Sewer Departmer	nt Approval	Date				
ADDITIO	NAL NOTES, COMME	NTS OR REMARKS					