



315 Bridge Street  
P.O. Box 398  
Elk Rapids, MI 49629-0398

Phone: 231-264-9274  
Fax: 231-264-6337

**APPLICATION FOR PERMIT**  
**SANITARY SEWER USE and/or WATER USE**

\_\_\_\_\_ Township \_\_\_\_\_ Property Tax Number \_\_\_\_\_ Date mm/dd/yyyy

\_\_\_\_\_ Name of Business if Commercial or Industrial \_\_\_\_\_ Owner's Name

\_\_\_\_\_ Service Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone

\_\_\_\_\_ Name and Address for Billing Monthly Sewer Charges if Different than Owner

**PROPERTY USE**

Residential Commercial Industrial Other

If Commercial or Industrial and connecting to Elk Rapids sewer, a waste water discharge report must be submitted to determine compliance with discharge requirements of Article VI of the Sewer Use Ordinance and Federal Discharge Requirements.

Verification By DPW: \_\_\_\_\_ Date \_\_\_\_\_

**BUILDING SEWER/WATER INSTALLATION**

\_\_\_\_\_ Contractor's Name

\_\_\_\_\_ Contractor's Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone

**COPY OF INSURANCE CERTIFICATE NAMING VILLAGE AS ADDITIONAL INSURED:**

**PROOF OF INSURANCE REQUIREMENTS:**

1. Certificate must show the Village of Elk Rapids listed as a additional insured.
2. It must state, "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the additionally named insured."

**\*\*\*\*\*BOTH SIDES OF APPLICATION MUST BE COMPLETED\*\*\*\*\***

**SIGNATURE OF APPLICANT:**

THE FOREGOING INFORMATION IS CERTIFIED TO BE TRUE AND CORRECT.

Signature of Applicant: \_\_\_\_\_

**REQUIRED ADDITIONAL INFORMATION**

Are you replacing an existing line?                      YES                      NO  
Do you need a new water main tap?                      YES                      NO  
Do you need a new sewer tap?                      YES                      NO

Contractor Scheduled work date MM/YYYY

**APPLICATION PROCESS:**

1. Complete the application and turn in at the Government Center with proof of insurance. The Government Center is located at 315 Bridge Street, Elk Rapids, MI 49629.
2. Contact the D.P.W. Superintendent for conditional location approval. Telephone: (231) 264-9971
3. Pay base fees at the Government Center. See #1 for address.
4. Contact the D.P.W. when an actual work date is set to begin.
5. D.P.W. will inspect the connection work and perform tap.
6. If additional costs are incurred, the D.P.W. will forward the finalized permit and final invoice to the Government Center for final payment by the owner or contractor. The Government Center will set up the new account and mail an invoice to the owner.

Note: Services will not be turned on until any additional fees are paid.

<b>CHARGES:</b>	<b>WATER</b>	<b>SEWER</b>	<b>LINE TOTAL</b>
(1) Filing/Application Charge	\$ _____	\$ _____	\$ _____
(2) Tap Charge	\$ _____	\$ _____	\$ _____
(3) Benefit Charge	\$ _____	\$ _____	\$ _____
			<b>TOTAL DUE: \$ _____</b>

-----**FOR OFFICIAL USE ONLY**-----

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Received:

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ CC\$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Check Nbr \_\_\_\_\_

