Application #:_____

Village of Mackinaw City
102 S. Huron Avenue
Mackinaw City, MI 49701
Phone: (231) 436-5351 Fax: (231)436-4166

Private Water Supply Application and Permit

Application for Permit:
Property Owner: _____ Home Phone: _____ Cell Phone: _____
Property Address: _____
Owners Representative: _____ Home Phone: _____ Cell Phone: _____

Site Information:
Township: _____ Town: _____ N. Range _____ E/W Section: _____
Lot Size: _____ feet by _____ feet _____ Acreage _____
Subdivision _____ Lot # _____ Sewage Permits # _____
Property Address: _____
Property Identification Number (PID): _____

Directions to Site: _____

_____

Well Type: Residential ( ) Irrigation ( ) Geothermal ( )
Well For: New Home ( ) Replacement Well At Existing Home ( ) Extensive Well Changes ( )
Well Drilling Contractor: _____ Work Phone: _____ Cell Phone: _____

I certify I am the property owner or the authorized designated representative and I certify this information to be true and accurate. I have also completed and included with this application an approved permit from the Health Department of the county this property is located in. If a situation arises that requires alteration of this site plan, the appropriate Health Department for my property will be notified and written approval obtained prior to construction. I will forward any changes that are made after the original application to the Village of Mackinaw City.

Owner or Designated Representative Signature: _____ Date: _____

As Built Sketch (not to scale) for HD use.

Please be aware, under ordinance #127 SEC. 25.002 you will be required to hook to the Village Of Mackinaw City Municipal water supply when it is provided to your area. This permit is only good until service is provided to your property. At that time you will be required under ordinance #127 SEC. 25.160 to properly abandon the well. This does not apply to geothermal closed looped systems under ordinance #88 SEC. 25.180.

Village of Mackinaw City
102 S. Huron Avenue
Mackinaw City, MI 49701
Phone: (231) 436-5351 Fax: (231)436-4166

Proposed Site Plan

Date: _____ **Water Well Permit #:** _____

Owner Name: _____ **Applicant Name:** _____

Include: Lot dimensions, building, driveways, casements, easements, water well, septic area and a replacement area, surface water, soil boring locations, etc.

Site Plan Accepted: ☐ Site Plan Revised: ☐
Approved by: _____ Date: _____
Permit Denied: _____
_____
_____