

**WATER/WASTEWATER
PERMIT TO USE PUBLIC UTILITY
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701**

PROPOSED USE

- Well Drilling Irrigation System Storm Sewer Water Tap Sanitary Sewer Fire
Suppression/Water Supply Repairs to existing lines
 Other _____

****BEFORE YOU DIG, CALL MISS DIG 1-800-482-7171****

Description of work: _____
_____ Depth of Excavation: _____

Start Date of Proposed Work: _____ Completion End Date: _____ Plans attached

PLEASE NOTE: It is now required that a "Tracer Wire" be buried with the piping from the point of connection to the structure. All water main valves MUST open right or clockwise.

APPLICANT INFORMATION

Owner: _____ Phone: Home/Work _____

Address: _____

Contractor Name: _____ Contact Person: _____

Address: _____

Subcontractor Name: _____ Contact Person: _____

Address: _____

LOCATION

Street Address: _____ Tax Parcel Id No _____

Cross Streets: _____ and _____

APPLICANT SIGNATURE

Signature: _____ Date: _____

INDEMNIFICATION: By signing this permit, the Applicant agrees to assume all risk and responsibility for, and agrees to indemnify and hold harmless, the Village, and its elected and appointed officials, against any and all claims or losses, damages, injuries, liabilities, costs and expenses of any kind or nature, caused by, resulting from or arising out of the use, occupation or access of the public right-of-way pursuant to this permit.

*****OFFICE USE*****

Zoning Permit Issued: Yes No N/A Connection Fee Paid: Yes No N/A

Council Approval: Yes No N/A Date: _____, 20__

Staff Analysis and Report: _____

Permit Approved Approved by: _____

Permit approved subject to: _____ Fee: _____ No Fee Req'd

_____ Date Paid: _____, 20__

_____ Deposit: _____ No Deposit Req'd

Permit Denied Date Refunded: _____

APPLICATION & PERMIT TO CONNECT And/Or REPAIRS
TO MACKINAW CITY WATER/WASTEWATER SYSTEM

APPLICATION DATE:
 Owners Name: _____ Phone: _____
 Address: _____
 Location of proposed work: _____
 Contractor's Name: _____

Duration of Work (estimated) Start Date: _____ End Date: _____

Applicant's Statement:
 I hereby affirm that I am the owner of the above described parcel and that I am responsible for the proposed work.
 I hereby fully indemnify and save harmless the Village of Mackinaw City from any and all claims and damages which may arise out of the work and that a copy of this permit will be available on the work site, I agree to pay all fees listed below.

Signature _____ Date _____

PERMIT:
 This form will serve as a permit to do the proposed work when signed by the W/WWT Superintendent or designee, of the Village of Mackinaw City, Michigan.

Size of Water/ Sewer Service: _____ Water / Sewer Service Material: _____

W/WWT Superintendent _____ Date _____

VILLAGE: OFFICIAL USE ONLY

<u>FEES:</u>	WATER	SEWER
Connection Fee	\$ _____	\$ _____
Time & Material	\$ _____	\$ _____
Inspection Fee	\$ _____	\$ _____
Meter	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____
Notes:		

INSPECTION REPORT: I inspected the above work and found it to be satisfactory.

Signature _____ Date _____

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

Completed Site Plan

Please fill out this portion only if the lines are changed. This site plan should be "as is".

Date: _____

Water/Wastewater 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: _____

Additional Comments: _____

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Completed Site Plan

Please fill out this portion only when the job is complete. This site plan should be "as built".

Date: _____

Water/Wastewater 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: _____

Additional Comments: _____

