

SEWER APPLICATION



DATE _____

APPLICANT INFORMATION

Owner Name(s)	_____
Property Address	_____
Property Tax ID	_____
Mailing Address	_____
Telephone Number	_____

SEWER AND CONTRACTOR INFORMATION

Type of Connection	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Contractor's Name	_____		
Building sewer will include	<input type="checkbox"/> Grinder Pump	<input type="checkbox"/> Grease or Sand Trap	
Number of Equivalent Units	_____	Inspection Fee \$	_____
<i>Single family dwelling = 1 unit</i>		<i>(as determined if needed)</i>	
<i>All others require Equivalent Survey</i>			

FOR OFFICE USE ONLY

Tap-in Fee \$	_____	<i>(\$ _____ per equivalent unit)</i>
Amount Paid	_____	Date _____

In consideration of the granting of this permit, the Applicant agrees to accept and comply with all applicable ordinances, rules, and regulations of the Township and the sewer authority to which it belongs. The Applicant further agrees to maintain the building sewer serving the Applicant's property at the Applicant's Expense. The provisions of this permit are binding upon Applicant's heirs, successors, and assigns with regard to the subject property. Opening into sewer shall be kept closed to storm water during construction.

Installation and connection must be inspected by a representative of the Harbor Springs Area Sewage Disposal Authority (HSASDA) and approved before back filling. The Applicant/Contractor agrees to notify the HSASDA at 231-526-6682 to arrange inspection.

Signed _____

SEWER APPLICATION



SKETCH THE FOLLOWING

1. Direction of North

2. Street line

3. Public sewer

4. Building/House

5. Septic tank
6. Building sewer(s)

7. Proposed line including size and length

8. Location of cleanouts

9. Location from nearest manhole

Application Approved _____

Littlefield Township Sewer Department
P.O. Box 143 | Alanson, MI 49706
231.529.5542 | sewerbillclerk@littlefieldtwp.org

Copies to be sent to Applicant and HSASDA upon approval by Township.