

PERMIT NUMBER: PSS - _____

Delhi Charter Township / Department of Public Services

1492 Aurelius Road

Holt MI 48842

(517) 699-3874

Request for Sanitary Sewer Permit

The following application must be completed in its entirety and signed before a permit to work will be issued.

Property Address _____

Development Name & Lot # _____

Sewer Contractor _____ Phone _____

Address _____

Email Address _____

Property Owner _____ Phone _____

OR

General

Contractor/Builder _____ Phone _____

Description of Work: (CIRCLE ONE) Residential Commercial Industrial

Acknowledgment:

By signing below I am stating that I am an authorized representative of a Sewer Contractor that is currently registered with the Delhi Charter Township Drainlayer program and agree to adhere to the Guidelines for Drain Layer Requirements for Construction of Building Sewers. Furthermore, I agree to comply fully with all Federal, State and Local laws pertaining to the work authorized by the issuance of this permit and acknowledge sole responsibility for initiating, maintaining and supervising all safety precautions and programs in connection with this work.

Applicant Name (Please Print)

Applicant Signature

For Office Use Only:

Date Received _____

___ Township Registered Drainlayer

Capacity Charge: _____

Tap Fee: _____

Parcel Number: 33-25-05-_____-_____-_____

Inspection Fee: _____

Permit Fee Paid _____