

APPLICATION FOR WATER SERVICE WITHIN CITY LIMITS



() Residential () Industrial () Commercial

Date: _____

Applicant Name: _____

Address: _____

E-mail Address: _____

Phone: () _____ Parcel Number: _____

Size of Service Line Requested: (See #9 below) _____

Will fire protection lines be installed in building?: _____

Name of Contractor: _____

Contractor contact information: _____

ATTACHMENTS REQUIRED FOR PERMIT ISSUANCE: **Initial:**

1 Industrial and Commercial service taps must have a set of plans and specs submitted with the application before work can be started.

2 Owner/Contractor must supply a bond or proof of insurance.

3 If Applicant hired a contractor to perform the work, both the owner and the contractor will assume responsibility for any damage to underground utilities in the City Right-of-way. In any utility is damaged, notification to the Department of Public Works (DPW) is required. (231) 689-1194

4 You must call Miss Dig system at least three (3) full working days before any work can be started. 1-800-482-7171.

5 Permit holder agrees to work under this permit in a safe manner and to keep the area affected by this permit in a safe condition until the work is completed.

6 Hook up to the services line at the right-of-way to the building will be the contractors/owner's responsibility.

7 Responsibility for disinfection to the service line from the right-of-way to the building will be the contractor/owner responsibility.

8 The City of White Cloud DPW must make a final inspection on all water and sewer lines installed prior to backfilling.

9 Listed below are the Service Connection Fees including Line Tap

Tap=\$1,125.00 + Hookup=\$500.00

3/4"	\$ 1,625.00	includes meter cost
1"	\$ 1,875.00	includes meter cost
1 1/2"	\$ 2,500.00	+ meter cost
2"	\$ 3,125.00	+ meter cost
3"	\$ 4,125.00	+ meter cost
4"	\$ 5,125.00	+ meter cost
6"	\$ 6,125.00	+ meter cost

→ I / We agree to comply with all ordinances and regulations of the City of White Cloud and any other agencies or governmental units which may be involved. I/We do hereby swear that the above information is true and correct to the best of my/our knowledge and understand if proved otherwise this application can become invalid and can be grounds for legal action.

Applicant Signature

To be completed by City of White Cloud

Date Rec'd. _____ **Payment Date:** _____ **Payment Type:** _____

() **Approved**

() **Denied** Restriction(s)/Reason(s) for action:

DPW Supervisor: _____ Date: _____