

CAP OFF

Date _____

BEAR CREEK TOWNSHIP Sewer Service Permit Application

Permit No. _____

Applicant Information:

Owners Name _____
 Phone _____
 Mailing Address _____

Owner's Representative _____
 Phone _____
 Mailing Address _____

Project Information:

Project Name **CAP OFF - INSPECTION**
 Project Address (Location) _____
 Project Tax ID _____
 Contractor _____
 Zoning or Site Plan Approval Number _____

Residential Equivalent Units (REU's) requested:

See Sewer Ordinance Table of Residential Equivalent Unit Factors

Type of use	Size or number of units (sqft or each)	REU Factor	Total REU's	@ \$3000. each REU
Total	-----	-----		

For Industrial or large mixed use projects, provide a separate calculation of REU's

Fee Enclosed: \$ 60.00

Map/Plans:

- **Attach copy of map and plans** (indicate North, road, where sewer enters building)
- At a minimum, show structure(s) to be served, right-of-way containing public sewer, distance from structure to right-of-way, north direction indicator, and depth of service at right-of-way
- Additional information may be required depending on complexity of proposed connection

In consideration of the granting of this permit, the applicant agrees to comply with all applicable ordinances, rules, and regulations of the Township or its Sewer Authority and that neither the Township nor the Sewer Authority shall be liable for any damages resulting therefrom. The applicant also agrees to maintain the building sewer at no expense to the Township or Sewer Authority. **The applicant shall notify the sewer inspector ()**

INITIAL

when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered. The inspector can be reached at (231) 347-0592 ext 1.

Signed: _____ Dated: _____
APPLICANT SIGNATURE

To be completed by Bear Creek Township:

Fees and application received by _____
 Date _____ Ck# _____ Amount \$ 60.00

Total Approved REU's _____
 Total Connection Charge \$ _____
 Inspection Fee \$ **60.00**
 Water Meter(s) Required _____ (quantity) _____ (size)
 Escrow Account Required \$ _____

Permit Approved By _____ Date _____

Special Conditions/Notes:

CAP OFF sewer \$60.00 inspection fee required.

CALL FOR INSPECTION.

DATE _____ INSPECTION APPROVED _____ SERVICE TO BEGIN _____

(Sewer Inspector)

Upon Receipt: _____ Upon Approval: (SCAN to PRINT COLORED COPY)

TwpSupervisor
 Email/BV Gos/Czu
 ORIGINAL
 BldgDept
 Applicant

CAP OFF
BEAR CREEK TOWNSHIP
Sewer Service Permit Application

DRAWING (required):

- Indicate North, road, where sewer enters building
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Show NORTH Direction:

