

**LAKE CHARTER TOWNSHIP
SEWER TAP APPLICATION**

Owner's Name _____

Job Location _____

City, State _____ Zip _____

Phone No. _____ Tax I.D. _____

CONTRACTOR INFORMATION:

Name _____ Phone No. _____

Address _____

City, State _____ Zip _____

License # _____ Expiration Date _____

Liability Ins. Carrier, include Proof _____

Federal Employer I.D. #, or reason for exemption _____

Worker's Comp. Ins. Carrier, or reason for exemption _____

MBSC Employer #, or reason for exemption _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent. We agree to conform to all applicable State laws and local ordinances of this jurisdiction. All information on this application is accurate to the best of my knowledge.

Signature _____ Date _____

DRAWING MUST BE SUBMITTED WITH THIS APPLICATION.
INSPECTION REQUESTS MUST BE MADE 24 HOURS IN ADVANCE TO
GALIEN RIVER SANITARY DISTRICT (269) 469-3434.

For Office Use Only

Date _____

Date _____

Fee Received _____

Inspected by _____

Received by _____

Remarks _____

BEFORE CLOSING TRENCH. CALL GALIEN RIVER SANITARY DISTRICT FOR TAP INSPECTION: (269) 469-3434

Check appropriate spaces:

____ New Construction ____ Residential ____ Other ____ Existing Building

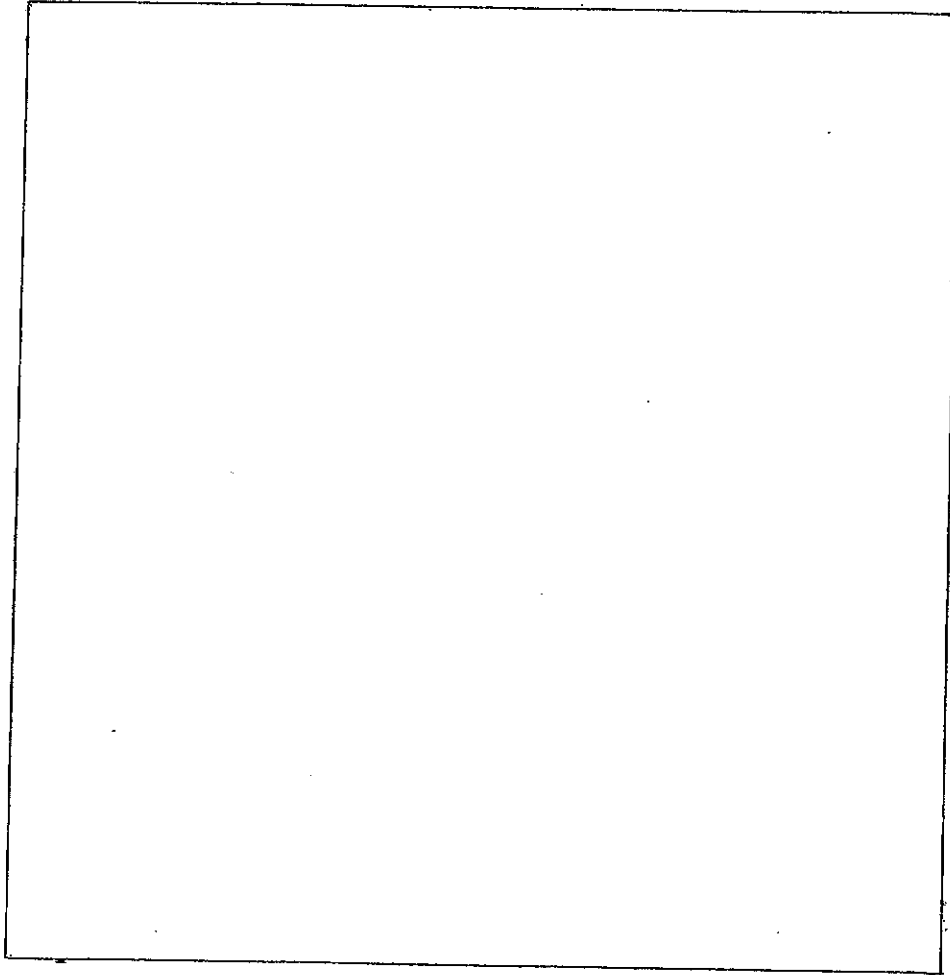
____ Number of bathrooms in household (if known)

____ Number of bathrooms located in basement

Draw site plan to include location of house, street, driveway and any other obstructions or services. Draw in proposed service line from tap to building and mark approximate footage.

SITE PLAN:

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N



All costs and expenses incidental to the installation of a building sewer and the connection of same to the public sewer shall be borne by the property owner. The owner shall indemnify the Township from any loss of damage that may directly or indirectly be occasioned by the installation of the building sewer.