

Sewer Service Application



Permit # _____

If Water Also-Water Permit # _____

Date: _____ Parcel # 70-03- _____

Account # _____

Issued By: LS

OWNER MAILING ADDRESS (IF DIFFERENT THAN PROPERTY ADDRESS)

Owners Name:	_____
Address:	_____
City, State, Zip	Spring Lake, MI 49456 LOT # _____
Phone Number:	_____
Cell Phone #:	_____

Address:	_____
Apt #	_____
City, St., Zip	_____

Service Type

<input checked="" type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Multi-Family

Builder Name:	_____
Mailing Address:	_____
City, St. zip	_____
Phone Number:	_____
Cell Phone #:	_____

CONTRACTOR	_____
PHONE #	_____
ADDRESS	_____

Inspection Fee	_____
Other	_____
Total Fees	_____

Inspected by: _____ Date _____

Pass _____ Fail _____

2nd Insp. Date: _____

Additional fee? YES _____ NO _____

Water also? _____

IS THERE AN EXISTING SEPTIC TANK?	YES	
IF YES, OTTAWA COUNTY WILL BE NOTIFIED	NO	X

Sewer Assessment

Admin Fee	\$	
FRT FT = _____ X\$75.50	\$	_____
Stub	\$	_____
Trunkage	\$	_____
Totals	\$	_____
1/11th down	\$	_____
AMOUNT PAID	\$	_____

TOTAL PAID: _____ **CHECK NO:** _____ **PAID BY:** _____

Comments: _____

