

BLAIR TOWNSHIP
SEWER SYSTEM
PERMIT TO CONNECT

Date _____ Permit # _____
_____ New Construction _____ Existing Building
Property # 28-02-_____-_____-_____ Change of Use

Service Address _____ Traverse City
_____ Grawn
Owners
Name _____ Phone # _____

Mailing Address _____
(If Different)
City _____ State _____ Zip _____

Business name: _____

Use: Comm/Ind _____ Multi-Family _____ Other _____

Contractor _____ Phone _____

FEES: USE THIS AREA TO CALC. TRUNKAGE & FOOTAGE

Inspection/ Application Fee	_____
Benefit Fee	_____
Sqr Footage	_____
Total Due	_____

****AN INSPECTION MANHOLE IS REQUIRED FOR ALL
NON-RESIDENTIAL BUILDINGS.**

Applicant's Affidavit: I/we hereby certify that the above information is true and correct. That all connections to the sewer system will be performed in accordance with all state and local plumbing codes and county and township ordinance requirements. The Property owners hereby grants to the Township, the County and their respective agents, permission and access to the property for purposes of inspections, installation and service of the sewer devices and other purposes set forth in the Blair Township Sewer Ordinance.

Applicant's Signature _____ Date _____

Name Printed _____

By issuance of this Permit, I certify that all fees due the Township have been paid in full

Issued By _____ Date _____

A PLUMBING PERMIT IS REQUIRED
FROM GRAND TRAVERSE COUNTY
CONSTRUCTION CODE OFFICE @ 1650 LAFRAINER RD.
THIS PERMIT IS VALID FOR 1 YEAR FOR THE DATE OF ISSUE

2121 Co Rd 633 Grawn, MI 49637 #231-276-9263 fax # 276-5111

BLAIRTOWNSHIP.ORG