

**BLAIR TOWNSHIP WATER SYSTEM
PERMIT TO CONNECT**

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

***** DOES PROPERTY HAVE EXISTING WELL ? *****

_____ **YES** _____ **NO**

EXISTING WELL TO BE ABANDONED & PROPERLY PLUGGED IN ACCORDANCE WITH ALL LOCAL & STATE REQUIREMENTS. OWNER SHALL CONTACT LOCAL HEALTH DEPT. (231-995-6051) TO FILE WELL PLUGGING FORM IN COMPLIANCE WITH STATE REQUIREMENTS WITHIN 30 DAYS OF CONNECTION.

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

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

Line Size _____ Meter Size _____ Use: Res/Ag. _____ Comm/Ind _____ Multi-Family _____

Contractor _____ Phone _____

Plumber _____ Phone _____

FEES: USE THIS AREA TO CALC. TRUNKAGE & FOOTAGE

| | |
|--------------------------------|-------|
| Inspection/ Application Fee | _____ |
| Meter Fee | _____ |
| Trunkage Fee | _____ |
| Frnt Footage | _____ |
| Total Due | _____ |

Applicant's Affidavit: I/we hereby certify that the above information is true and correct. That all connections to the water 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 meter and other purposes set forth in the Blair Township Water Ordinance.

Applicant's Signature _____ Date _____

Name printed _____

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
24 HOUR NOTICE TO THE TOWNSHIP IS REQUIRED PRIOR TO CONNECTING TO
THE SYSTEM OR METER INSTALLTION**