

**BLAIR TOWNSHIP WATER SYSTEM
PERMIT TO CONNECT**

Date _____ Permit # _____

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

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 _____

Phone _____

FEES: USE THIS AREA TO CALC. TRUNKAGE & FOOTAGE

Inspection/
Application Fee _____

Meter Fee _____

Service _____

Connection _____

Trunkage Fee _____

Frt 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 @ 1650LAFRAINER 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**