

## WATER/SEWER/STORM TAP APPLICATION

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Applicant's Full Name	Phone Number	Date
Applicants Mailing Address	Applicants Email Address	
Address of Requested Service:		
Parcel ID:		
Purpose of Use (check one): Residential	Commercial Industrial	
Each structure must have a separate water and All water and sewer installations are required to		
Select the size of the proposed water and sewe	er size. City tap fees or inspection fees	are to be included.
All excavations require a \$2,000 refundable roaproject site before the deposit is refunded.	ad deposit. The applicant will need t	o complete and restore the
All applications must include a site plan and rigl	ht of way permit. No taps will be mad	de without these items.
Contractor to provide tapping saddle, corpor associated piping.	ration/valve, curb stop/valve, water	boxes, sewer saddle, and
City to provide the water tap, meter insetter/fla	anges, water meter, and inspector.	

Please call MISS DIG 811 ahead of your excavation.

That Apply	Sewer 7  4"  6"  8"  10"	\$1,600 \$2,800 \$4,300	That Apply
	6" 8"	\$2,800 \$4,300	Apply
	6" 8"	\$2,800 \$4,300	
	8"	\$4,300	
	10"		
		\$6,400	
	1		
	]		
	1		
	City Sewer / Storm	\$150	
		City Sewer / Storm Inspection Fee	, , , , , , , , , , , , , , , , , , , ,

Applicant Signature:	Date:
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For C	City	Staff	Only
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Water De	epartment		
Has this property previously had utility services before?		Yes	No
Are there utilities available for this property?		Yes	No
Will new water/sewer main need to be extended to this pro	perty? PA 399 / NEDPS Permits	Yes	No
Signature	Date		
Planning D	Department		
Did the City receive a site plan for the property?		Yes	No
Signature	Date		
Engineering	Department		
Has a City Right of Way permit been filed?		Yes	No
Does the applicant need an MDOT Right of Way Permit? Has	it been filed?	Yes	No
Signature	Date		
Clerk's	s Office		
Does the contractor have a current Drain Layer License?		Yes	No
Signature	Date		
Application Approval (Water Director / Utility Billing Coc	ordinator)		
Signature:	Date		
Scheduled Installation Date			
Tap Date	Tap Number		
Sewer Inspection Date			

- Once completed, please make copy for the customer, and scan original to: Jnelson@saultcity.com File original application in S: Utility Billing/Tap Applications

Utility Billing			
Total Fees to Collect	\$	Date Received	
Account Number	#	Processed By / Date	
Total Deposit	\$	Date Collected	
		Processed By / Date	
Deposit Return	\$	Date Returned	
		Processed By / Date	