

CITY OF SAULT STE. MARIE, MICHIGAN WATER AND SEWER DEPARTMENT 225 E. Portage Avenue Sault Ste. Marie, MI 49783 PHONE (906) 632-5722 FAX (906) 635-6963

REQUEST FOR APPROVAL ON-SITE PRIVATE UTILITIES (Submit with Building Permit Application)

REQUIRED FOR BUILDING PERMIT: For building sites currently without City water and/or sanitary sewer availability.

NOTE: Chippewa County Health Department (CCHD) permits are necessary prior to applying for this request.

APPLICANT(s): (Must be Owner(s) of subject property - PLEASE PRINT)				
NAME		101 (3) 01 30		
ADDRESS				
TELEPHONE				
	Owner's Signature			Owner's Signature
Property Desc	ription:			
051-	·			
	rty Parcel Code Address of	Building Site (If Assigned)	Date of Signature(s)
SPECIFIC ON-SITE UTILITIES NECESSARY FOR BUILDING CONSTRUCTION:				
Private Sew	age Disposal System		D Permit No.	
Private Wat	er Supply Well	ССНЕ	D Permit No.	
(ATTACH COPY OF APPLICABLE CCHD PERMIT)				
I (we) hereby request permission to be allowed the issuance of a Building Permit at the above described location where City water and/or sanitary sewer utilities are currently not available. I (we) understand that in accordance with a Resolution as adopted by the City Commission on August 15, 1977, it is permissible for a property owner to construct a structure at a location where City utilities (water and/or sanitary sewer) are not available, subject to approval of on-site private utilities by the Chippewa County Health Department. Further, I (we) understand that a stipulation of the said Resolution is that in the event that city facilities are installed in the subject area in the future, I (we) will be assessed a proportionate share of the cost of such public improvement. I (we) will also be required to connect to the public system at such time as the facilities become available to the property listed under this request. All connections to the public system shall be made in accordance with the current requirements of Chapter 27 of the Code of Ordinances of the City Sault Ste. Marie, Michigan.				
Approval is hereby granted to allow the City Building Department to issue a Building Permit to the above Applicant(s) subject to the preceding stipulation and all applicable codes and City Ordinances currently in effect.				
			Date:	
	(Authorized Signature of Approval)		
Title:	City of Coult Cto M	o vi o	/Th:	
	City of Sault Ste. Ma	ane	(Thi	s space for Department Use Only)
Original: City Engineering Department cc: □ Applicant □ Building Department □ Water/Sewer Super. □ City Assessor				

ISSUANCE OF THIS APPROVAL DOES NOT OBVIATE THE NEED TO SATISFY VARIOUS REQUIREMENTS OF OTHER AGENCIES (Form - November 1989; Revised 03/01/99, 04/08/03, 12/7/23)