

Date _____

BEAR CREEK TOWNSHIP
Sewer Service Permit Application

Permit No. _____

Applicant Information:

Owners Name _____
Phone _____
Mailing Address _____

Owner's Representative _____
Phone _____
Mailing Address _____

Project Information:

Project Name _____
Project Address (Location) _____
Project Tax ID _____
Contractor _____
Zoning or Site Plan Approval Number _____

Residential Equivalent Units (REU's) requested:

See Sewer Ordinance Table of Residential Equivalent Unit Factors

Type of use	Size or number of units (sqft or each)	REU Factor	Total REU's	@ \$3000. each REU
Total	-----	-----		

For Industrial or large mixed use projects, provide a separate calculation of REU's

Fee Enclosed: _____

Map/Plans:

- **Attach copy of map and plans** (indicate North, road, where sewer enters building)
- At a minimum, show structure(s) to be served, right-of-way containing public sewer, distance from structure to right-of-way, north direction indicator, and depth of service at right-of-way
- Additional information may be required depending on complexity of proposed connection

In consideration of the granting of this permit, the applicant agrees to comply with all applicable ordinances, rules, and regulations of the Township or its Sewer Authority and that neither the Township nor the Sewer Authority shall be liable for any damages resulting therefrom. The applicant also agrees to maintain the building sewer at no expense to the Township or Sewer Authority. **The applicant shall notify the sewer inspector ()**

INITIAL

when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered. The inspector can be reached at (231) 347-0592.

Signed: _____ Dated: _____ #

APPLICANT SIGNATURE

To be completed by Bear Creek Township:

Fees and application received by _____
Date _____ Ck# _____ Amount \$ _____

Total Approved REU's _____
Total Connection Charge \$ _____
Inspection Fee \$ _____
Water Meter(s) Required _____ (quantity) _____ (size)
Escrow Account Required \$ _____

Permit Approved By _____ **Date** _____

Special Conditions/Notes:

DATE _____ **INSPECTION APPROVED** _____ **SERVICE TO BEGIN** _____

(Sewer Inspector)

Upon Receipt:

SewerBd FAX DC

Upon Approval:

(SCAN to PRINT COLORED COPY)

ORIGINAL BldgDept Sewer Applicant

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DRAWING (required):

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Show NORTH Direction:

