

GRAND TRAVERSE COUNTY DEPARTMENT OF PUBLIC WORKS
2650 LAFRANIER ROAD
TRAVERSE CITY MI 49686-8972
PHONE (231) 995-6039
FAX (231) 929-7226
pubworks@grandtraverse.org

NON RESIDENTIAL APPLICATION

APPLICATION FOR: SEWER CONNECTION-WATER CONNECTION-OR BOTH please circle one.

_____ TOWNSHIP _____ PROPERTY TAX NUMBER _____ DATE _____

SERVICE ADDRESS OF THE SITE TO BE CONNECTED _____
Bldg/Unit/Lot No. _____ Development/Subdivision/Project _____
CITY _____ MI ZIP _____

NAME OF BUSINESS _____

PROPERTY OWNER'S NAME(S) _____
ADDRESS _____
PHONE # _____ FAX # _____ CELL # _____

ADDRESS TO MAIL USAGE BILLS: Use Owner address _____
Use another mail to address: _____

PROPERTY USE: COMMERCIAL _____ INDUSTRIAL _____ OTHER _____

NEW BUILDING: _____ or EXISTING BUILDING: _____
IS THERE A BASEMENT? (Yes or No) IF YES, BE SURE TO SUBMIT THE BASEMENT FLOOR PLAN.

IF THIS IS A NEW BUILDING: NAME OF BUILDER/CONTRACTOR _____
ADDRESS OF BUILDER/CONTRACTOR _____
PHONE # _____ FAX # _____ CELL # _____

NAME OF EXCAVATOR/CONTRACTOR _____
(THE COMPANY THAT WILL BE MAKING THE CONNECTION TO THE WATER MAIN.)
ADDRESS OF EXCAVATOR _____
PHONE # _____ FAX # _____ CELL # _____

The Excavator must be bonded with the County DPW and have a current bond and registration on file. The permit will be issued with their name on it and lead location sheets will be provided if there are existing services. If not, the permit will provide instructions. All materials and installations must be according to County Specifications which can be found online at: <http://www.grandtraverse.org/DocumentCenter/Home/View/5148>

Who do we contact when the fees/permit is ready? _____
Phone _____ Email _____

SEWER CONNECTIONS:
WILL YOUR WASTE BE STRONGER THAN HOUSEHOLD WASTE? _____ (Yes or No)
IF YES-NOTE: ALL WASTE MUST COMPLY WITH THE UNIFORM SEWER ORDINANCE OF 1994 AS AMENDED 1996-ARTICLE 2-PROHIBITIONS AND LIMITATIONS ON WASTEWATER DISCHARGES.

WATER CONNECTIONS:
WHAT SIZE WATER SERVICE DO YOU NEED? _____
WILL THERE BE OUTDOOR IRRIGATION? (Yes or No)
WHAT SIZE FIRE LINE WILL YOU BE INSTALLING? _____
WILL IT BE A SEPARATE LINE FROM THE DOMESTIC SERVICE? (Yes or No)

IF THIS IS AN EXISTING BUILDING ON A WELL SYSTEM, DO YOU WANT TO KEEP THE WELL FOR IRRIGATION ONLY?
(Yes or No) IF YES-PLEASE COMPLETE A PRIVATE WELL PERMIT _____
IF NO-The DPW can provide well abandonment instructions or refer you to the Health Department.

WHAT SIZE WATER METER DO YOU NEED? _____
Attached is some information that may help you size the meter.

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NOTE: YOU MAY NEED A PRESSURE REDUCING VALVE (PRV) IN YOUR HOME.
STATE PLUMBING CODE REQUIRES ANYTHING OVER 80 PSI TO HAVE A PRV.

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Below is some information that may help you size the water meter.

Type of fixture	# Of Units		gpm/ unit		Total gpm
Household toilet (Water Closet flushometer)		x	1.60	=	
Urinal		x	1.00	=	
Bidet		x	2.00	=	
Toilet (Sloan type-schools and hospitals use)		x	1.00	=	
Bath Tub without shower		x	4.00	=	
Bath Tub with shower or shower only.		x	2.50	=	
Residential Sink/Lavatory		x	2.50	=	
Laundry/Janitor Sink		x	3.00	=	
Irrigation/Sprinkler System (# of zones)		x	5.00	=	
Kitchen Sink		x	3.00	=	
Residential Dish Washer		x	2.75	=	
Washing Machine/Laundry tray		x	4.00	=	
				=	
Total				=	

METER SIZING CHART

	Flow-Gallons per minute (gpm)	Meter Size	Model
Up to	25	5/8"	Ultrasonic
Up to	55	1" x 1"	Ultrasonic
Up to	100	1 1/2"	Ultrasonic
Up to	160	2"	Ultrasonic
Up to	400	3"	Compound
Up to	800	4"	Compound
Up to	1,500	6"	Compound