

CALL BEFORE YOU DIG!
“Miss Dig Underground Utility Locates”: 1-800-482-7171

SEWER PERMIT

Bessemer Township
N10338 Mill Street – P.O. Box 304
Ramsay, MI 49959

Permit: _____

Date: _____

_____ Commercial _____ Rental _____ Residential _____ Other: _____

Property Tax I.D. Number: (Permit will not be processed without this number. This is a ten to twelve digit hyphenated number located on your property tax statement.) _____

Property Address: (Fire #): _____

Name of Property Owner: _____

Mailing address: _____

Phone Number: Daytime: (____)_____ Evening: (____)_____

Contractor Information:

Name, Address, Phone number and MI contractor license number: _____

Optional:

Local contact person if you are not an area resident: (Name, address & daytime phone number)

Approximate date of service connection: _____

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Number of bedrooms: _____

Number of bathrooms: _____

List **all** plumbing fixtures: (State capacity in gallons of hot tubs, swimming pools, hot water heaters, saunas, etc.)

1) Approved sewer permits are required prior to installation of sewer lateral. 2) All fees must be paid upon receipt of approved permit. 3) Permits expire one year from date of issue. 4) Property owner or contractor must submit approved copies of Gogebic County Road Commission's open road cut permit and Michigan State Plumbing permit, and any other permits that might be required, with this application. 5) Attach a detailed site plan drawing showing the exact location and depth of sewer lateral. Indicate the direction "North" on site plan. List roadway and street names. Show location of all structures, water wells and existing septic fields and distance from sewer lateral. State distances in "feet". Indicate the length of sewer lateral to main.

Sewer lateral must be constructed using "PVC" pipe SCHEDULE "35" or better; using only gasketed slip-type joints. Glued joints are not permitted. (Check with local Health Department (906-667-0200) for special rules that apply to pipe size when a sewer lateral is constructed closer than 50 feet of drinking water well.) "Tracer" wires or pipe locator tape must be installed. Clean-outs must be installed as required by Michigan State Plumbing code.

ABSOLUTELY NO BACK FILLING CAN BE DONE UNTIL INSPECTED!

Approved: Yes [] No []

_____ Date: _____

_____ Date: _____

Sewer Connection Fee: \$ _____

Inspection Fee: \$100.00

Total Amount Due: \$ _____

Make checks payable to: Bessemer Township D.P.W. – Sewer Permit Fee

Date paid: _____ Check Number: _____

Received by: _____

An Equal Opportunity provider & Employer

TTY: 1-800-649-3777

FOR DEPARTMENT USE ONLY

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Inspected by: _____ Date: _____

Approved: Yes []

No []

Comments:

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Re-inspection By: _____ Date: _____

Approved: Yes []

No []

Comments