SANITARY SEWER SERVICE CONNECTION PERMIT APPLICATION

☐ Application Fee has been Paid

Date _____ Initials _____

NORTHPORT/LEELANAU TOWNSHIP
UTILITIES AUTHORITY

116 West Nagonaba
PO Box 158
Northport, MI 49670

PHONE: (231)386-5182 ext 10
FAX: (231)386-5184

This form shall be completed and returned to the Northport/Leelanau Township Utilities Authority

PARCEL # _____

ADDRESS _____

Name of Property Owner _____ ph. _____

Permit Requirements:

1. Provide witness distances and elevations of work required to complete the sanitary sewer service connection.(provide in the sketch area below)
2. County approval of electrical work completed (where applicable).
3. Complete the installation of the service connection to the Northport/Leelanau Township Utilities Authority (NLTUA) sanitary sewer system in compliance with the NLTUA Standard Specifications for Sanitary Sewer Service Connections.

I / We agree to comply with the above mentioned conditions of the NLTUA Sanitary Sewer Service Connection Permit.

_____ _____
Signature of Property Owner (or Owner's Agent) Date

Plan (as shown on next page) is approved for construction by:

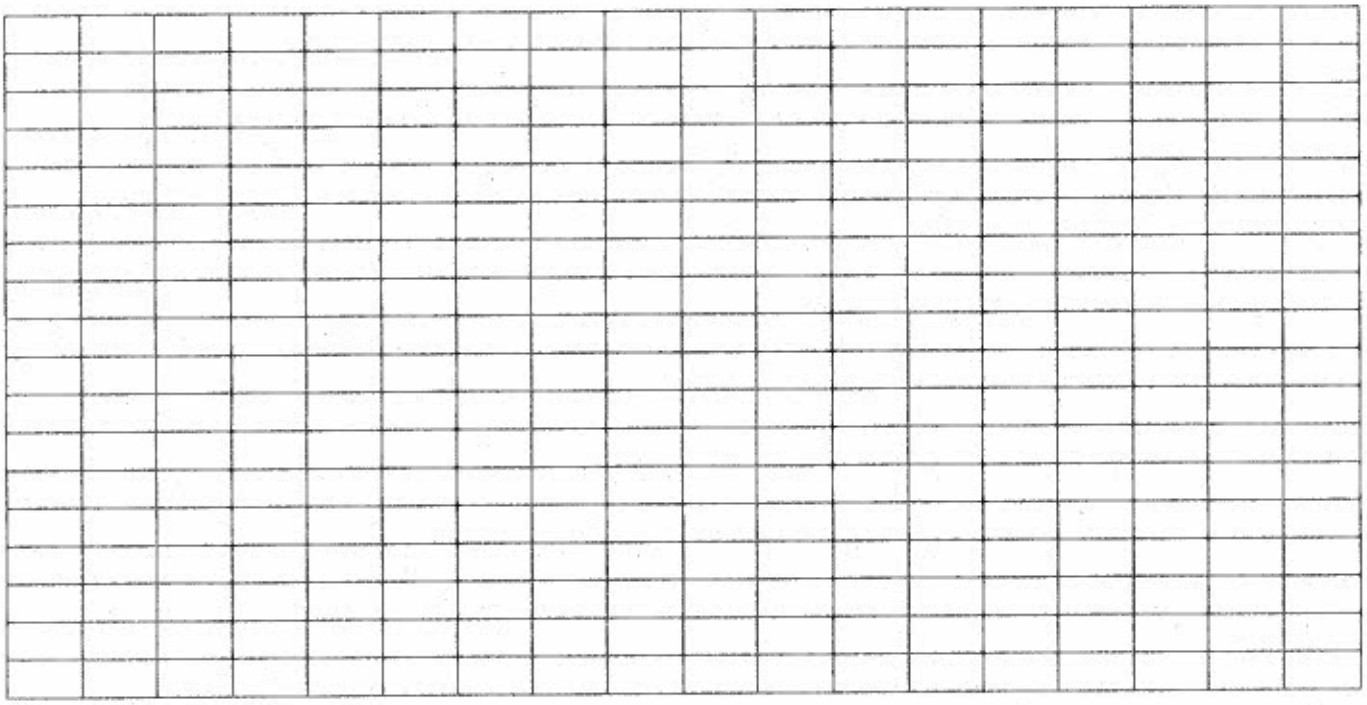
_____ _____
Signature of NLTUA Representative Date

Final As-Built Construction (as shown on next page) has been accepted by:

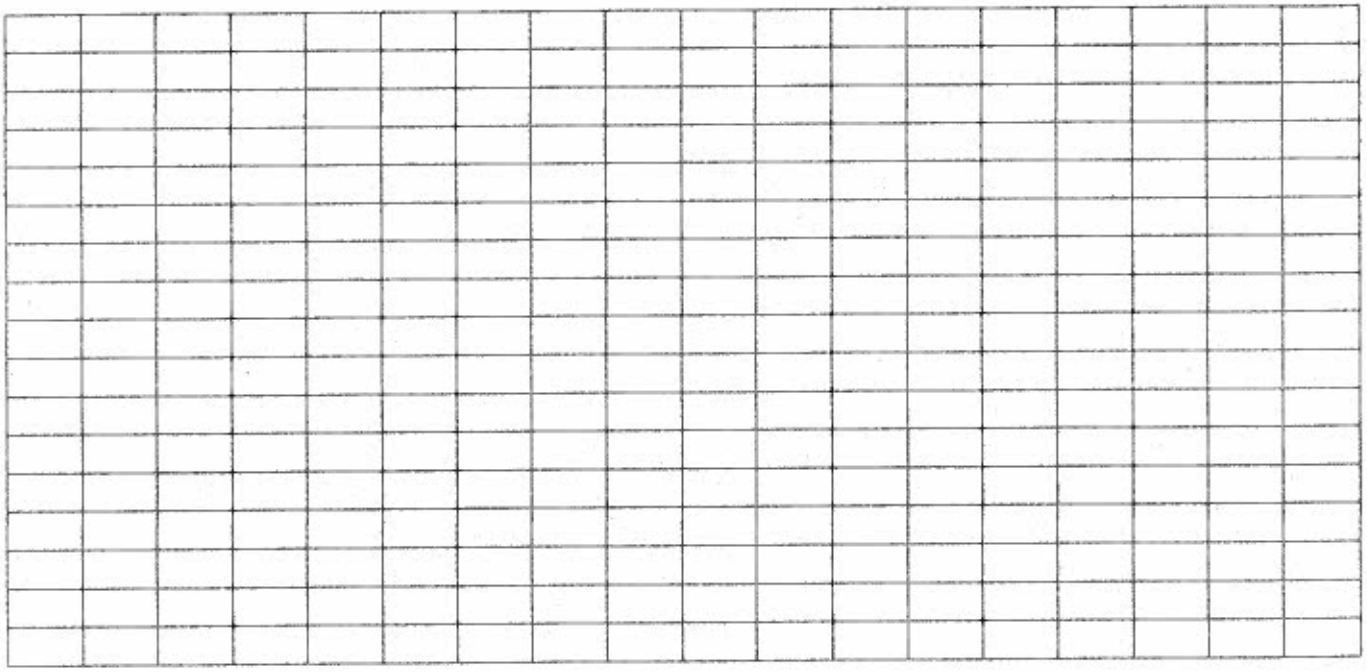
_____ _____
Signature of NLTUA Representative Date

PLAN FOR SERVICE CONNECTION LOCATION SKETCH

(Provide a minimum of three referencing measurements from existing structures (completed by property owner (or owner's agent))



_____Gravity _____Pressurized (grinder pump)

FINAL AS-BUILT SERVICE CONNECTION LOCATION SKETCH

(Provide a minimum of three referencing measurements from existing structures (completed by property owner (or owner's agent))