



Water/Sewer Connection Permit Application

Application Fee \$2,000, Water / \$2,500, Sewer

The Village of Friendliness – Since 1870

Complete a return this form with payment to the Planning and Zoning Administrator prior to scheduling a connection inspection or meter request. Connection inspections must be scheduled with the inspector a minimum of 3 business days in advance. **Please note, there is an additional \$75.00 Inspection Fee, per utility.**

To Schedule an Inspection:

Cal Becksvoort, Inspector
(616) 583-1601 | cbecksvoort@latitude-inc.com
7615 Clyde Park Ave SW, Suite C
Byron Center, MI 49315

Name of Applicant: _____ Date: _____

Property Owner(s): *if different than applicant* _____

Phone Number: _____ Email: _____

Water Service Address: _____

PPN: _____ Who is being billed for the water meter? Owner Owner Agent

Mailing/Billing Address: _____

Signature _____ Date _____

METER SIZING DETERMINATION - TO BE COMPLETED BY LICENSED PLUMBER

Use of meter: (select one) <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Domestic & Irrigation	
What is the total fixture unit count of the plumbing system? Domestic Fixture Count: _____ + Irrigation Fixture Count: _____ = Total Fixture Count: _____	
What is the maximum flow rate required for the property requesting a meter? GPM: _____ and/or CFM: _____	
Name of Plumber/Plumbing Firm: _____	
Name of Licensed Individual(s) Performing Work: <i>if different than above</i> _____	
State of Michigan License #: _____	Expiration Date: _____
A Master plumber licensed in the State of Michigan is required to determine the required maximum flow rate for domestic and/or irrigation systems. An irrigation firm with a State of Michigan licensed engineer on staff may only determine the required maximum flow rate for an irrigation system. By signing below, you certify that you are a licensed plumber/engineer and will submit a copy of all applicable State of Michigan plumbing licenses for those performing work.	
Signature: _____ Date: _____	

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