



The Gateway of Michigan

NEW BUFFALO TOWNSHIP

APPLICATION FOR SANITARY SEWER CONNECTION

Name _____

Billing Address _____

City/State/Zip _____

Emergency Contact Information:

Phone _____

Email _____

Billing Information (if different from above):

Address of Connection _____

Property Tax ID _____

Lot #

Estimated Average Flow (GPD): _____

Single Family Residence Multifamily Residence Commercial Industrial

Proposed Size of Sewer Services: _____ " Diameter

Type of Sewer Connection: Gravity Flow Pressurized Sewer

If Commercial or Industrial, will the facility include food preparation?* Yes No

**If yes, provide evidence of an existing or proposed properly sized grease interceptor*

NOTE: NO WORK MAY BEGIN PRIOR TO OBTAINING PERMITS FROM THE TOWNSHIP, GRSD SEWER AUTHORITY, AND ALL OTHER AUTHORITIES HAVING JURISDICTION. PRIOR TO ANY BACKFILING OF TRENCH, CONTRACTOR MUST CALL THE GRSD SEWER AUTHORITY AT (269) 469-3434 FOR AN INSPECTION. FAILURE TO DO SO COULD RESULT IN DELAYS, FINE, AND RE-EXCAVATING FOR INSPECTING.

For Connections to Low Pressure Sewers:

Design Point for Proposed Grinder Pump _____ GPM at _____ Total Dynamic Head*

**Pump must provide a minimum of 180 feet Total Dynamic Head*

Refer to Ordinance and attached FAQ, Specifications, and Typical Details for more detailed requirements for Low Pressure Sewers

Tap Charge	_____	Date Paid	_____	Received by	_____
Cash	_____	Check Number	_____	Receipt Number	_____
Permit Number	_____				

Inspected by _____ Date _____

Remarks _____

BY FILING OUT THIS APPLICATION APPLICANT AGREES TO ABIDE BY THE ALL CURRENT AND FUTURE NEW BUFFALO TOWNSHIP SEWER ORDINANCES.

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