## Saugatuck Township

3461 BLUE STAR HIGHWAY P.O. BOX 100 SAUGATUCK, MI 49453 EMAIL: marens@saugatucktownshipmi.gov PHONE: (269) 857-7721 www.saugatucktownshipmi.gov

WATER SERVIC	CE PERMIT APPLICATIC	N PERMIT #
PROPERTY OWNER		OWNERS PHONE NO
PROPERTY ADDRESS		
PARCEL #		DATE
RESIDENTIAL:	MATERIAL TYPE:	
COMMERCIAL:	MATERIAL TYPE:	SERVICE SIZE:
INDUSTRIAL:	MATERIAL TYPE:	SERVICE SIZE:
IRRIGATION:	MATERIAL TYPE:	
FIRE SUPPRESSION:	MATERIAL TYPE:	
SCHOOL:	MATERIAL TYPE:	SERVICE SIZE:
RELIGIOUS ASSEMBLY:	MATERIAL TYPE:	SERVICE SIZE:
GOVERNMENTAL:		SERVICE SIZE:
COMMENTS & RESTRICT	IONS:	
FIRM (CONTRACTOR)		SIGNATURE OF FIRM'S REPRESENTATIVE
ADDRESS OF FIRM		TOWNSHIP REPRESENTATIVE
	OFFICE	
		DATE APPLICATION RECEIVED
INSPECTION FEE: \$	85.00	
CONNECTION FEE: \$		
TOTAL: \$		
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Kalamazoo Lake Sewer and Water Authority



P.O. Box 789, Saugatuck, Michigan 49453 Telephone (269) 857-2709 Fax (269) 857-1565

## SAUGATUCK TOWNSHIP

When calling for a meter installation please provide the following information:

DATE:	
NAME/# OF PLUMBER:	
PLUMBER PHONE # :	
SERVICE ADDRESS:	
OWNER NAME:	
BILLING ADDRESS:	
PHONE:	
EMAIL:	
Please have your plumber cor to Meter request to KLSWA vi	mplete and forward attached Meter Size Determination document prior ia:
email to KLSWA@KLSWA.CON USPS to KLSWA, PO BOX 789,	
THANK YOU	

KLSWA

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## **Meter Sizing Determination**

Parcel #:	Water Service	
Parcel #: Name of property owner(s): Name of company determining meter size: Name: Contact: Address: Address: Firm's licensed individual's name: Firm's licensed individual's name: SIGNATURE: State of Michigan License #: expiration date: Please include copy with this form of the State of Michigan plumbing license. Is the meter for Domestic only, Irrigation only or both Domestic & Irrigation? Adates route the required maximum flow rate for domestic and/or irrigation systems.	Address:	
Name of property owner(s):		
Name of company determining meter size: Name:Contact:Address:Address:Address:Address: Firm's licensed individual's name: Firm's licensed individual's name: SIGNATURE: State of Michigan License #: expiration date: Please include copy with this form of the State of Michigan plumbing license. Is the meter for Domestic only, Irrigation only or both Domestic & Irrigation? Address: Address:	Parcel #:	
Name:	Name of property owner(s):	
Contact:	Name of company determining meter size: Name:	
Address:	Contact:	-
Firm's licensed individual's name: SIGNATURE: State of Michigan License #: expiration date: Please include copy with this form of the State of Michigan plumbing license. Is the meter for Domestic only, Irrigation only or both Domestic & Irrigation? A Master plumber licensed in the State of Michigan is required to determine the required maximum flow rate for domestic and/or irrigation systems.	Address:	
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Please include copy with this form of the State of Michigan plumbing license. Is the meter for Domestic only, Irrigation only or both Domestic & Irrigation? A Master plumber licensed in the State of Michigan is required to determine the required maximum flow rate for domestic and/or irrigation systems.	SIGNATURE:	
A Master plumber licensed in the State of Michigan is required to determine the required maximum flow rate for domestic and/or irrigation systems.		
rate for domestic and/or irrigation systems.	Is the meter for Domestic only, Irrigation only or	both Domestic & Irrigation?
An irrigation firm with a State of Michigan licensed engineer on staff may only determine the required	rate for domestic and/or irrigation systems.	

maximum flow rate for an irrigation system.

What is the total fixture unit count of the plumbing system being determine? Fixture Unit Count \_\_\_\_\_

What is the maximum flow rate required for the property requesting a meter? GPM	_ and/or
CFM	