



# Saugatuck Township

3461 BLUE STAR HIGHWAY

P.O. BOX 100

SAUGATUCK, MI 49453

EMAIL: [info@saugatucktownshipmi.gov](mailto:info@saugatucktownshipmi.gov)

PHONE: (269) 857-7721

[www.saugatucktownshipmi.gov](http://www.saugatucktownshipmi.gov)

## WATER SERVICE PERMIT APPLICATION

## PERMIT # \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

OWNERS PHONE NO \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PARCEL # \_\_\_\_\_

DATE \_\_\_\_\_

RESIDENTIAL: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

COMMERCIAL: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

INDUSTRIAL: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

IRRIGATION: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

FIRE SUPPRESSION: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

SCHOOL: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

RELIGIOUS ASSEMBLY: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

GOVERNMENTAL: MATERIAL TYPE: \_\_\_\_\_ SERVICE SIZE: \_\_\_\_\_

COMMENTS & RESTRICTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FIRM (CONTRACTOR)

\_\_\_\_\_  
SIGNATURE OF FIRM'S REPRESENTATIVE

\_\_\_\_\_  
ADDRESS OF FIRM

\_\_\_\_\_  
TOWNSHIP REPRESENTATIVE

### OFFICE USE ONLY

INSPECTION FEE: \$ 100.00

CONNECTION FEE: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

DATE APPLICATION RECEIVED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHED \_\_\_\_\_ SENT TO KLSWA \_\_\_\_\_ LEAD LOCATION \_\_\_\_\_



**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 complete and forward attached Meter Size Determination document prior to Meter request to KLSWA via:  
email to [KLSWA@KLSWA.COM](mailto:KLSWA@KLSWA.COM) or  
USPS to KLSWA, PO BOX 789, SAUGATUCK MI 49453

THANK YOU  
KLSWA

# Kalamazoo Lake Sewer and Water Authority



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

## Meter Sizing Determination

Water Service

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel #: \_\_\_\_\_

Name of property owner(s): \_\_\_\_\_

Name of company determining meter size:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

An irrigation firm with a State of Michigan licensed engineer on staff may only determine the required 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 \_\_\_\_\_