SUPERIOR TOWNSHIP
WATER & SEWER DEPARTMENT

_____
NAME

_____
SERVICE ADDRESS

NAME AND ADDRESS FOR QUARTERLY BILLING IF DIFFERENT FROM ABOVE;

_____

_____

___SEWER INSTALLATION ___OWNER ___CONTRACTOR

___WATER INSTALLATION ___OWNER ___CONTRACTOR

_____
CONTRACTOR'S NAME

_____
CONTRACTOR'S ADDRESS CITY STATE ZIP PHONE NUMBER

STATE PLUMBING PERMIT
PLUMBING INSPECTOR NOTIFIED ____YES ___NO
MISS DIG NOTIFIED ____YES ____NO

PROPERTY USE: ___RESIDENTIAL ___COMMERCIAL ___INDUSTRIAL ___OTHER
___NEW ___EXISTING ___NUMBER OF HOMES ON PARCEL

EQUIVALENT UNITS ____ @ QUARTERLY USER FEE RATE.

THE FOREGOING INFORMATION IS CERTIFIED TO BE TRUE AND CORRECT

_____ _____
SIGNATURE OF OWNER DATE

_____
INSTALLATION APPROVED:

APPROVED _____YES _____NO

DATE:_____

PERMIT FEE PAID $_____

BY:_____

BY _____

SUPERIOR TOWNSHIP
BOX 366
BRIMLEY, MI 49715