



Livingston County Drain Commissioners Office

2300 E. Grand River Ave. Suite 105, Howell, MI 48843-7581

Phone: 517-546-0040 / Fax: 517-545-9658

www.livgov.com/Drain Email: drain@livgov.com

Application for Livingston Regional Sanitary Sewer Connection

GRAVITY SEWER

Date: _____ Owner: _____

Applicant (if other than Owner): _____

Site address: _____

Parcel ID Tax Code No: _____ Lot #: _____

I hereby certify that I am the owner, or his representative, of the property described above, and as such I do hereby apply for a sanitary sewer connection to the property as indicated above. In consideration thereof, I agree to abide by the terms of the Livingston County Drain Commissioner's Office standards pertaining to sanitary sewer systems.

The contractor for this connection will be:

Contractor's Name: _____ License No: _____

Contractor's Address: _____

(Contractor selection must be acceptable to L.C.D.C.)

Fees for GRAVITY SEWER (fees subject to change without notice)

- ✓ **Inspection fee for connection:** payable to Livingston County Building Dept
- ✓ **Inspection fee when line is bored rather than trenched:**
 - **\$225** payable to Livingston County Drain Commissioner

Applicant's Signature: _____ Date: _____

Amt Paid: \$ _____ Date: _____ By: ___ Cash ___ Credit ___ Check #: _____

Staff Initials: _____ CityWorks Request #: _____

Inspection Completion

The undersigned operator hereby certifies that the above described premises are connected to and has services available from the sanitary sewer system and further certifies he is duly authorized to make such certification on behalf of the Livingston County Drain Commissioner.

Operator

Date

CityWorks Work Order #



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Access Permit and Service Agreement For Sewer Systems

GRAVITY SEWER CONNECTION

Owner/s Name (please print): _____

Address, City, State, Zip: _____

Parcel ID Tax Code: 47 ___ - ___ - ___ - ___ Telephone / Cell No.: _____

As a condition of service, the Owner hereby agrees to comply with all provisions of the Livingston County standards as adopted, or duly amended, by L.C.D.C. The Owner acknowledges and agrees that authorized agents bearing proper credentials shall have reasonable access to the above described property for purposes of installing, inspecting, operating, maintaining, repairing, replacing or otherwise dealing with the components of the sewage disposal system such as the Step/Grinder system, service pipe, valve or stub which are located on, under or adjacent to the above stated property. Please note that all manholes or access structures must not be buried or covered.

If the premises are disturbed by exercise of any of the foregoing powers, the premises shall be restored to its original condition by the Operator.

Accepted by Owner (please sign): _____ Date: _____

.....

The undersigned Operator hereby certifies that the above described premises is connected to and has services available from the sanitary sewer system and further certifies he is duly authorized to make such certification on behalf of the Livingston County Drain Commissioner.

Operator

Date

(Landowner's Copy)



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Operator

Date

(L.C.D.C.'s copy – Please return to our office.)