STORM-WATER DRAINAGE PERMIT AND APPLICATION - PLUMBING
CITY OF WALKER
4243 REMEMBRANCE RD NW
WALKER, MI 49534
O. (616) 791-6858 F (616) 791-6881
WWW.WALKER.CITY

_____
Date of Application

	TYPE OF JOB		
		NEW	EXISTING
_____ Name of Owner/Agent/Builder	Single Family Dwelling	☐	☐
	Commercial & Industrial:	☐	☐
_____ Street Address & Job Location (street No. and Name)	Condo or Duplex	☐	☐

PERMIT NUMBER

Contractor/Homeowner Information (Permit Application must be signed below)

☐ Contractor ☐ Homeowner License Number

Street Address (street no. Name and City) Phone

Building No. _____

Plumbing No. _____

FEE CHART - Enter the number of items being installed, multiply by the unit price for total fee.

ITEM DESCRIPTION	FEE	#ITEMS	TOTAL
1. Application fee (non-refundable)	$35.00	1	$35.00
2. Manholes	$15.00		
3. Catch-Basins	$15.00		
4. Yard Drains	$15.00		
5. Storm Sewer Connections	$15.00		
6. Re-inspection fee	$25.00		

HOMEOWNER AFFIDAVIT

I hereby certify the storm water described on this permit application shall be installed by myself on my property in which I am living or about to occupy. All work shall be installed in accordance with the Walker City Ordinance's Sec. 18-130.63, Sec. 34-331 and Sec. 94-468 (7) and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the City Plumbing Inspector. I will cooperate with the City Plumbing Inspector and assume the responsibility to arrange for necessary inspections.

Signature of Homeowner Date

Storm Water Drainage Permit application applied to all connections 5 ft. beyond building wall and not to include work performed in the right-of-way.

EXPIRATION OF PERMIT: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall be come invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is abandoned or not completed within 12 months of issuance.

_____
APPLICANT SIGNATURE

_____
INSPECTORS SIGNATURE

_____
RECEIPT# **DATE**