



STORM-WATER DRAINAGE PERMIT AND APPLICATION - PLUMBING
 CITY OF WALKER
 4243 REMEMBRANCE RD NW
 WALKER, MI 49534
 PHONE # (616) 791-6858 FAX# (616) 791-6881

Date of Application _____

	TYPE OF JOB	
	NEW	EXISTING
Name of Owner/Agent/Builder	<input type="checkbox"/>	<input type="checkbox"/>
Street Address & Job Location (street No. and Name)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

		PERMIT NUMBER	
Contractor/Homeowner Information (Permit Application must be signed below)		Building No. _____	
<input type="checkbox"/> Contractor	<input type="checkbox"/> Homeowner	License Number _____	
Street Address (street no. Name and City)		Phone _____	
		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

RECEIPT# _____ **DATE** _____

INSPECTORS SIGNATURE