



Charter Township of Washington

County of Macomb

Department of Public Works

57900 Van Dyke Washington, MI 48094 (586) 786-0010 ext 2002 Fax (586) 752-6463

DEPARTMENT OF PUBLIC WORKS APPLICATION

Multi Family / Commercial / Industrial

PROJECT NAME: _____

SERVICE ADDRESS: _____

PARCEL I.D. #'s (list ALL) _____ PARCEL SIZE: _____

Select one: <input type="checkbox"/> MULTI FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> Other: _____		Select one: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXISTING BUILD- NEW SERVICE CONNECTION <input type="checkbox"/> INTERIOR BUILD OUT <input type="checkbox"/> Other: _____	
Occupational Use: a. Clinic : provide # of examining rooms _____ b. Factories/Manufacturing Facilities (office and production) _____ total sq. ft. c. Multiple dwelling units (such as Apartments, condos, duplexes, etc.) _____ # of units d. Restaurant With bar? ___ yes/no _____ total sq. ft. • Quick service franchise type? _____ yes/no • Carry out with no dishwashing? _____ yes/no e. Store(s) • Furniture _____ total sq. ft. • Grocery/supermarket _____ total sq. ft. • Produce _____ total sq. ft. • Party _____ total sq. ft. • Other: _____ total sq. ft. f. Other: _____ total sq. ft.		Capacity calculations <i>This section for internal use only</i> Calculations based on Building Plan Date: _____ Services: ___ Water ___ Sewer Capacity Factor: Capacity Units: _____ Total Capacity Fees Due: _____ # of W/S accounts: # of meters: Meter size(s): Backflow devices (list all): _____	
Shell of multiple tenant building: Will this project have a grease trap? _____ Are you planning on individual water meters? _____			

- ___ Capacity units for SHELL of multiple tenant buildings shall be paid by the PROPERTY OWNER.
- ___ This application must be accurate and complete; otherwise the application will not be processed.
- ___ By signing below the Applicant indicates that the information provided above is accurate as of the date of application.

Applicant Signature: _____ Date: _____

Applicant Name: _____

Mailing Address: _____

Best daytime #: (____) _____ Alt. #: (____) _____ Email: _____

Property Owner Name: _____

Plot Plan Engineer: _____

Best daytime #: (____) _____ Email: _____

This section is for internal use only

Original Approval: July 2016
Revision Level: 01

Received: _____ Processed by: _____ Date: _____