



83 SPRING STREET, P.O. BOX 296 · KENT CITY, MI 49330
PHONE: 616-678-7232 · FAX: 616-678-4256

**SEWER SERVICE DISCONNECTION
PERMIT APPLICATION**

Date: _____

Property Information

Address of subject property: _____

Parcel identification number: 41-01-_____

Property Owner: _____

Applicant Information

Name of applicant: _____

Business name: _____

Address of applicant: _____

Phone/Cell #: _____ Work: _____ Fax: _____

Contractor Information

Business Name: _____

Business Address: _____

Phone #: _____ Fax #: _____

Business License Number: _____

Contractor Status: Bond/letter of credit (min. \$5000.00) Proof of liability

I understand that the Sewer System is not metered and that Sewer Fees will continue to be charged until the building sewer is physically disconnected.

Applicant Certification

Contractor Certification

By: _____
(signature)

By: _____
(signature)

Name: _____
(Type/Print)

Name: _____
(Type/Print)

Date: _____

Date: _____

Disconnection must be approved by the Village of Kent City as per Ordinance 3.98-02, Article 5 (Building sewers and connections). Call 616-678-7232 to schedule inspection.

VILLAGE USE ONLY

Date application complete: _____ Approved: _____

Unit Code Number: _____ Unit Factor: _____

SEWER FEE CALCULATION

Inspection Fee: _____

Miscellaneous Fee: _____

Total Fee Due: _____ Date Paid: _____

SEWER INSPECTOR ONLY

Inspection date: _____

Staff final action: Approved _____ (initial) Deny _____ (initial)

Additional comments, drawings, photos or requirements: