

# COVERT TOWNSHIP

P.O. BOX 35

COVERT, MICHIGAN 49043

(269) 764-8986 • Fax (269) 764-1771

## COVERT WATER TAP APPLICATION

Property Address \_\_\_\_\_  
Owner Names \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
(If different from \_\_\_\_\_  
Property) \_\_\_\_\_  
Property Tax ID # \_\_\_\_\_

Please complete the following information:

1. Number of houses to be served on the property \_\_\_\_\_
2. Number of families to be served \_\_\_\_\_
3. Will there be any business use of water on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

I (We), the owners of the above property, are requesting that a service line be installed from the water main to the property line to provide water from the Township water system to the property.

I (We) agree to pay the following Tap Fee set by Township ordinance for the size of service line required to serve the property.

<u>Check Size Requested</u>	<u>Service Line Size Inches</u>	<u>Amount Tap Fee</u>
_____	1"	\$1,800.00
_____	2"	\$2,100.00
_____	Larger than 2"	At Cost

Tap Fee Payment enclosed \$ \_\_\_\_\_ (Checks payable to COVERT TOWNSHIP)

APPLICANT'S AFFIDAVIT: I hereby certify that the above information is true and correct. All connections to the Township water system will be performed in accordance with the State Plumbing Code and Township ordinances, and shall not be enclosed, covered up, or put into operation until the connection has been inspected and approved by the Township. I hereby certify that I am the owner or owner's agent with the legal authority to sign for the owner.

\_\_\_\_\_  
Signature of Owner(s) or Agent

\_\_\_\_\_  
Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Received by \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FOR PERMIT TO CONNECT  
TO COVERT TOWNSHIP WATER SYSTEM**

Date \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Print Name of Owner)

Street Address of Connection \_\_\_\_\_ Tax ID# \_\_\_\_\_

Mailing Address for Billing: \_\_\_\_\_

**TYPE OF CONNECTION:**

\_\_\_\_\_ Residential - Number of Units (Houses or Apartments) \_\_\_\_\_  
\_\_\_\_\_ Commerical or Industrial - Type of Water Use \_\_\_\_\_

**METER TO BE LOCATED:**

\_\_\_\_\_ Inside - Location \_\_\_\_\_  
\_\_\_\_\_ Outside - Location \_\_\_\_\_

**CONNECTION TO BE INSTALLED BY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

APPLICANT'S AFFIDAVIT: I hereby certify that the above information is true and correct. All connections to the Township water system will be performed in accordance with the State Plumbing Code, and all Township requirements and ordinances, and shall not be enclosed, covered up, or put into operation until the connection has been inspected and approved by the South Haven Utilities Department. I also agree to pay all fees and charges for the water connection including the Tap Fee, meter charge and inspection fee, and for the availability and use of the water in accordance with the Covert Township Water Rate Ordinance.

If Agent for Owner, I hereby certify that I have the authority to sign this affidavit.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_