

OFFICE USE ONLY

Date Received: _____ Security Submitted: \$ _____
Intake Staff Person: _____ Fees Paid: \$ _____

OFFICE USE ONLY

DRA20 _____ - _____
PERMIT WO# _____
PARENT WO # _____



EVAN N. PRATT WATER RESOURCES COMMISSIONER WASHTENAW COUNTY

MAILING ADDRESS:
Washtenaw County
Water Resources
P.O. Box 8645
Ann Arbor, MI 48107-8645

BUSINESS LOCATION:
Washtenaw County
Western County
Service Center
705 N. Zeeb Rd.
Ann Arbor, MI 48103

COMMUNICATION:
Phone: 734-222-6860
Fax: 734-222-6803
eWashtenaw.org

Drain Use Permit Application

*** FILL IN ALL AREAS OF THIS APPLICATION OR IT MAY NOT BE ACCEPTED AT TIME OF SUBMITTAL ***

PROPERTY Tax ID/Parcel # _____ City/Twp _____

PROPERTY ADDRESS _____ Site Name _____
(CIRCLE ONE)

Type(s) of CONSTRUCTION and/or ACTIVITY: RESIDENTIAL PERMIT COMMERCIAL PERMIT

Washtenaw County Drain: _____ Cross Clean Out Tap-In Encroach Easement
(name of county drain)

At a point/between: _____
(exact location)

Contact Name : _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Mobile: _____ Fax: _____ Email: _____	REQUIRED (CHECK ALL THAT APPLY) <input type="checkbox"/> Property Owner <input type="checkbox"/> Party to be Billed <input type="checkbox"/> Applicant <input type="checkbox"/> General Contractor <input type="checkbox"/> Designated Agent <input type="checkbox"/> Design Firm
Contact Name : _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Mobile: _____ Fax: _____ Email: _____	REQUIRED (CHECK ALL THAT APPLY) <input type="checkbox"/> Property Owner <input type="checkbox"/> Party to be Billed <input type="checkbox"/> Applicant <input type="checkbox"/> General Contractor <input type="checkbox"/> Designated Agent <input type="checkbox"/> Design Firm
Contact Name : _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Mobile: _____ Fax: _____ Email: _____	REQUIRED (CHECK ALL THAT APPLY) <input type="checkbox"/> Property Owner <input type="checkbox"/> Party to be Billed <input type="checkbox"/> Applicant <input type="checkbox"/> General Contractor <input type="checkbox"/> Designated Agent <input type="checkbox"/> Design Firm

DESIRED PERMIT DELIVERY METHOD

Pick Up Mail E-Mail by: Property Owner Applicant General Contractor Designated Agent

I, _____ the Landowner/ Designated Agent*, agree to do the above work or have same done under supervision of the County Water Resource Commissioner and to pay all costs of inspection, labor, and material that may be required to perform said work, protect and guard the opening during construction, and restore the surface to its original condition, saving the Water Resource Commissioner and County of Washtenaw harmless in the event of accident or injury to others. If I do not pay such costs as invoiced, these costs will be assessed against the property. (Separate permit is required to enter, use, or alter conditions of county right of way)

Signature _____ Print Name _____ Date _____

*DESIGNATED AGENT MUST HAVE A WRITTEN STATEMENT FROM LANDOWNER AUTHORIZING HIM/HER TO SECURE A PERMIT IN THE LANDOWNER'S NAME