



**PUBLIC
WORKS**

**WATER TAP
PERMIT/APPLICATION**

City of Dearborn Engineering Division
(TO BE APPLIED FOR IF TAP IS NOT
PERFORMED BY THE WATER DIVISION)

OFFICE USE ONLY:

DATE: _____

PERMIT#: _____

Permit Site Address:		Type of Job: ☐ Single-Family ☐ Foreclosure ☐ Industrial ☐ New ☐ Two-Family ☐ Rehab/ PAD ☐ Business ☐ Other	
Business Name of Permit Site Address:		Have plans been submitted? ☐ Yes ☐ No ☐ Not Required	
Has a building permit been obtained for this project? ☐ Yes Master Building Permit #: _____ ☐ No ☐ N/A		Property Owner Name / Telephone Number	
Property Owner Address (if different from Site Address) Address _____ City _____ State _____ Zip _____		Description of Work	

***A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$100 WILL BE CHARGED**

WATER TAPS- Inspected by Engineering Division Schedule minimum 1 day in advance – 313 – 943 - 2145			
Water Tap	800.00		
Fire Hydrant Construction	800.00		
Hydrostatic Pressure Test Witness	400.00		
Bacteriological Sample Witness	400.00		
PAVEMENT RESTORATION			
Pavement Restoration - Pre & Post Pour	300.00		
Note: If contractor fails to perform pavement restoration in a timely manner, a contractor retained by the City will restore the pavement. The permit applicant will be charged the following fees: Pavement Replacement, 1 st Square Yard 250.00 Each Additional Sq. Yard 75.00 Sidewalk Replacement, First 25 square feet 175.00 Each Additional Sq. Foot 10.00 <i>Note: Some projects require (2) plumbing permits – (1) from the Plumbing Division (private work) & (1) from Engineering (public)</i> Other: _____			
Make checks payable to “City of Dearborn” TOTAL FEES \$ _____			

**NOTE TO LICENSED CONTRACTORS: A Licensed Plumber
Must be on Site at Time of Inspection(s)**

APPLICANT- CONTRACTOR:

Name _____	☐ Plumbing Contractor ☐ Drain-layer/ Excavator ☐ Mechanical Excavation Contractor
Address _____	
City, State, Zip _____	
Telephone Number _____	
State License # _____	Expiration Date _____
City of Dearborn Registration # _____	Expiration Date _____
WORKER'S DISABILITY COMPENSATION INSURANCE CARRIER (or reason for exemption) _____	
EMPLOYER IDENTIFICATION NUMBER (or reason for exemption) _____	MESC EMPLOYER NUMBER (or reason for exemption) _____

AUTHORITY: P.A. 230 OF 1972, AS AMENDED
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT CANNOT BE ISSUED

I affirm that the information provided in this application and any accompanying drawings, which are a part of this application, is accurate. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn. **Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.**

Authorized signature _____ Date _____