



PERMIT APPLICATION

Date: _____

Project Name: _____

Site Address: _____

Connection Size: _____

Design Engineering Company Contact Information:

Name: _____

Phone: _____

Email: _____

Owner Contact Information:

Name: _____

Phone: _____

Email: _____

Contractor Contact Information (if known):

Contractor: _____

Name: _____

Phone: _____

Email: _____

Protecting The Environment
 **SEMSED**
SOUTHEAST MACOMB SANITARY DISTRICT

To receive a permit from the Southeast Macomb Sanitary District (SEMSED) the applicant shall submit this permit application, a \$1,000 review fee (\$500 for residential property permits), a digital copy, and (2) two hard copies of the engineering plans including, profiles, tap detail, work to be performed, backfilling material and specifications. The plans shall include all items listed in the Permit Review Checklist, attached at the end of this permit application. Send hard copy files to 20001 Pleasant Street, St. Clair Shores, MI 48080, and send digital files to kwalby@semsd.org for review and approval.

The following notes shall be included on the plans:

Notice of impending excavation must be made to the office of the SEMSED forty-eight (48) hours prior to commencement. The SEMSED sewer system is a combined system and water levels in the sewers may surcharge the pipe during and after wet weather events. The sewer connection and backfill shall be made during the dates and hours designated by the SEMSED. The Contractor agrees not to commence any excavation work for taps to the SEMSED sewer until authorized by the office of the SEMSED.

The Contractor shall have all necessary materials for the proposed connection on the job site at the time the excavation is to be made. No debris is to be deposited in the facility to be tapped. The Contractor is responsible for any debris removal and proper disposal that enters a SEMSED sewer. A SEMSED inspector must be present during the sewer tapping process.

The Contractor agrees that no backfill or cover material shall be placed upon the installed pipe at the sewer connection until final inspection has been made and accepted by an inspector from the SEMSED.

The Contractor shall supply a copy of the project insurance to the District naming the Southeast Macomb Sanitary District, its employees, and agents as additional named insured. The certificate is to be submitted with the application or prior to the issuance of final approval. The Contractor shall also adhere to all city codes and perform traffic control in accordance with the M.M.U.T.C.D current edition.

Contractor Authorized Signature: _____ Date: _____

SEMSED Authorized Signature: _____ Date: _____

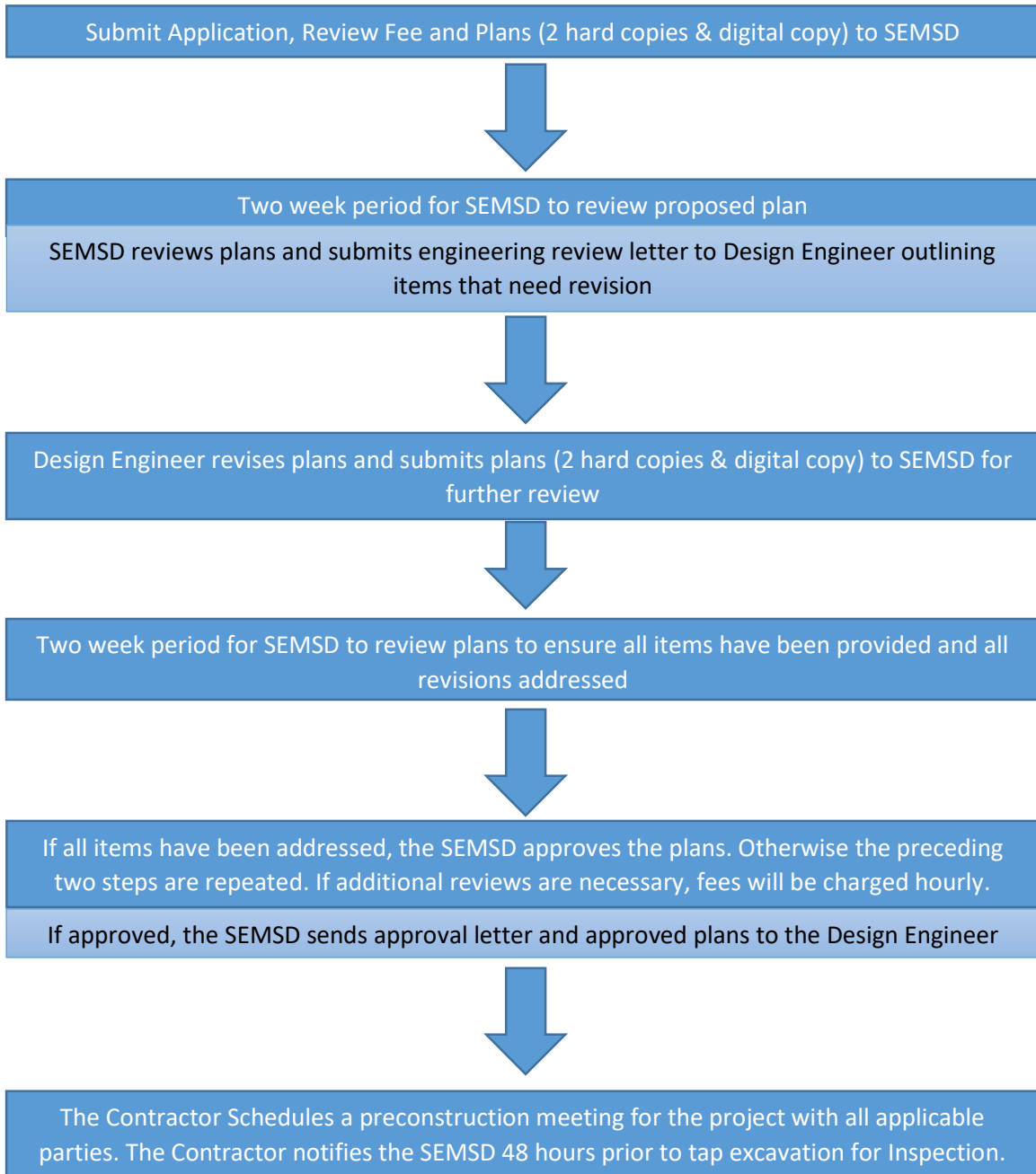


PERMIT REVIEW CHECKLIST

General Review Items		Design Engineer	AEW Reviewer
1.	Plans on 24" x 36" Sheets		
2.	Engineering plans match the approved site plan or preliminary plat		
3.	Plans signed and sealed by a Professional Engineer registered in the state of Michigan (cover sheet)		
4.	Title block information filled in (i.e. project name, location, owner information, etc.)		
5.	Project location map		
6.	North arrow on all plan sheets		
7.	Legal description of all properties involved in project provided		
8.	Detailed meets and bound description shown on parcel boundary		
9.	Parcel Identification Number		
10.	Two NAVD 88 Bench Marks		
11.	Street names and R.O.W. widths (existing or proposed)		
12.	Location of existing and proposed buildings on property		
13.	Location and elevations of ditches, culverts, natural waterways, and county drains		
14.	Location and elevation of existing and proposed municipal and private utilities shown within influence of site and to connections off-site		
15.	Existing easements shown within influence of site		

Sanitary Sewer Review Items		Design Engineer	AEW Reviewer
1.	Survey existing inverts at new connections		
2.	Plan and profile of existing and proposed sewer and tap		
	a. Show: size, slope, and type of pipe; sewer invert and rim elevations		
	b. Sewer tap detail		
3.	For combined sewer runoff show the existing and proposed peak sewer flows for the 1-year and 10-year 24 hour storm event. The proposed conditions peak flow rate shall not exceed the existing condition peak flow rate into an SEMSD combined sewer.		

Engineering Review Process



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