

OFFICE USE ONLY

Date Received: _____

Security Submitted: \$ _____

Intake Staff Person: _____

Fees Paid: \$ _____

OFFICE USE ONLY

DRA20 _____ - _____

PERMIT WO# _____

PARENT WO # _____



EVAN N. PRATT, P.E. WATER RESOURCES COMMISSIONER

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

WASHTENAW COUNTY

COMMUNICATION:
Phone: 734-222-6860
Fax: 734-222-6803
Washtenaw.org/drains

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 # 09-09-29-215-080 City/Twp Ann Arbor (city)PROPERTY ADDRESS 415 W. Washington St. Site Name 415 W. WashingtonType(s) of CONSTRUCTION and/or ACTIVITY: RESIDENTIAL PERMIT COMMERCIAL PERMITWashtenaw County Drain: Allen Creek Cross Clean Out Tap-In Encroach Easement
(name of county drain)At a point/between: 415 W. Washington St. - onsite and north of site (completion of 3 borings/wells as indicated on Figure 1)
(exact location)

Contact Name : <u>Patti McCall</u> Address: <u>710 Avis Drive, Suite 100</u> City: <u>Ann Arbor</u> State: <u>MI</u> Zip: <u>48108</u> Phone: <u>734-213-4069 (office)</u> Mobile: <u>734-476-7998</u> Fax: <u>734-213-5008</u> Email: <u>patti.mccall@tetrattech.com</u>	REQUIRED (CHECK ALL THAT APPLY) <input type="checkbox"/> Property Owner <input checked="" type="checkbox"/> Party to be Billed <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> General Contractor <input checked="" type="checkbox"/> Designated Agent <input type="checkbox"/> Design Firm
Contact Name : <u>Ann Arbor Housing Commission (contact: Jennifer Hall)</u> Address: <u>2000 S. Industrial</u> City: <u>Ann Arbor</u> State: <u>MI</u> Zip: <u>48104</u> Phone: <u>734-794-6721</u> Mobile: _____ Fax: _____ Email: <u>JHall@a2gov.org</u>	REQUIRED (CHECK ALL THAT APPLY) <input checked="" 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

PERMIT DELIVERY METHOD

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

SIGNATURE Patti McCall, 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 Patti McCall PrintName Patti McCall Date 10/27/2021

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