



**Michigan City Sanitary District
Sanitary Sewer and/or Sanitary Lift Station
Construction Permit Application Form Instructions**

Dear Applicant:

To complete your construction application, you must submit **all** of the necessary items. If your application materials are incomplete, you will be sent a deficiency notice, and your application will be retained for ninety (90) days. If the requested/required information is not received within the ninety (90) day period your application will be denied due to incompleteness. You can also obtain a copy of this application package at:
<http://www.emichigancity.com/cityhall/departments/sanitary/index.htm>.

Please complete the following steps:

- Complete all information on Page 1 of the Construction Permit Application Form;
- Sign and Date the Application on Page 1;
- Complete all the information on the Project Design Summary on Page 2, and certify it with a professional engineer's stamp (or land surveyor's stamp for gravity sewer projects), signature, and date (include additional information as an attachment to the application, as necessary);
- Complete the Capacity Certification/Allocation Letter on Page 3 (leave signature box and date signed box blank as this page will be signed by the City Engineer upon approval);
- Complete the Certification of the Register Professional Engineer or Land Survey Letter on Page 4;
- Identify the location of the Project on the Michigan City Area Map on Page 5, by inserting the words "The Proposed Project Location," and by using an arrow and other identification such as bracketing or circling the proposed location, or attach a different map of the Project location if necessary; and
- Include any other information requested by the Michigan City Sanitary District or necessary to describe the project.
- Include Permit Fee Schedule and the Base Fee in the form of a check made payable to the Michigan City Sanitary District. The Base Fee is \$250. Additional payments may be requested by the MCSD at a rate of \$100 per hour for all time in excess of two (2) hours spent in the review and issuance of the Permit.
- Submit three (3) sets of plans and specifications, including profiles and bedding details. Every page must be stamped and signed by a professional engineer.

You **must** submit three (3) complete copies of the entire Construction Permit Application, including three (3) copies of the Plans and Specifications and all attachments to:

General Manager
Michigan City Sanitary District
1100 E. Eighth Street
Michigan City, IN 46360-2567
Telephone: (219) 874-7799

- Please be advised that if your project will disturb one (1) or more acres of land area, coverage under 327 IAC 15-5 (Rule 5) is required. If your project will disturb one (1) or more acres of land area you must also complete the Michigan City Sanitary District, Storm Water Associated with Construction Permit Application Form, and include three (3) copies of this application with your Construction Permit Application Form. Additionally, upon approval by the Michigan City Sanitary District, you will need to submit a Notice of Intent (NOI) Letter (Application) to the Indiana Department of Environmental Management as required by 327 IAC 15-13 and 327 IAC 15-5.



**MICHIGAN CITY SANITARY DISTRICT
APPLICATION FOR CONSTRUCTION PERMIT
SANITARY SEWER AND/OR SANITARY LIFT STATION
PURSUANT TO 327 IAC 3**

INSTRUCTIONS:

1. This form must be filled out completely.
2. Additional pages (attachments following this form) are part of this application form and must be filled out completely.
3. Submission of plans and specifications are part of the application.
4. If you have any questions regarding this application, call the Michigan City Sanitary District at (219) 874-7799.

**Mail or Hand Deliver Completed Application to:
General Manager
Michigan City Sanitary District
1100 E. Eight Street
Michigan City, IN 46360**

APPLICANT	APPLICANT'S ENGINEER OR LAND SURVEYOR
Name:	Name:
Company Name:	Company Name:
Address:	Address:
Telephone number:	Telephone number:

NAME AND LOCATION OF PROPOSED FACILITY	ATTACHMENT CHECKLIST
Name:	A. Sanitary Sewer Design Summary Form: <input checked="" type="checkbox"/> Yes
Location (Referenced the location by identifying at least two existing streets and briefly describe location):	B. Capacity Certification/Allocation Letter: <input type="checkbox"/> Yes
	C. Certification of PE or LS Letter: <input type="checkbox"/> Yes
	D. Project Location Map: <input type="checkbox"/> Yes
City:	E. Plans and Specifications: <input type="checkbox"/> Yes
County:	F. Permit Fee Schedule & Base Permit Fee: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	G. Additional Information Required by the MCSO: <input type="checkbox"/> Yes <input type="checkbox"/> N/A

FUNDING SOURCES AND PERMIT APPLICATION FOR CONSTRUCTION, EXPANSION, OR MODIFICATION OF <i>(Check all that apply)</i>
A. Is this project being funded (in part or entirely) by any local grants or matching funds: <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is this project being funded (in part or entirely) by State Revolving Loan Funds (SRF): <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Does the project include Sanitary Sewer(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Does the project include Sanitary Sewage Lift Station(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is this new construction: <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is this construction for rehabilitation and/or replacement of an existing Sewer(s) or Lift Station(s): <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION AND SIGNATURE	
Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application and to the best of my knowledge and belief such information is true, complete and accurate.	
Printed name of person signing:	Title:
Signature of Applicant	Date application signed (month, day, year):

DESIGN SUMMARY - SANITARY SEWER AND/OR LIFT STATION

Narrative Description/Summary of the Proposed Project

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Design Flow

Number of units			
	1 bedroom apartments	200 gpd/unit	gpd
	2 bedroom apartments	300 gpd/unit	gpd
	Single family homes	310 gpd/unit	gpd
	Commercial lots		gpd
			gpd
			gpd
		Total average flow	gpd
Peaking factor		Peak flow	gpd

Sewer

ft.	8-inch _____ (sewer type)
ft.	10-inch _____
ft.	
ft.	
ft.	
ft.	Total length of sewer
The new sewer will be connected to an existing _____ -inch diameter sanitary sewer at _____ (referenced to two existing streets)	

<p>(P.E. or L.S. stamp, signature and date)</p>
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Lift Station

Type	(wet/dry, submersible, wet-well mounted, etc.)			
Number of pumps				
Capacity of pumps	gpm	TDH	RPM	HP
Back-up power source	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Average wet-well detention time				
Audio/visual alarm with self-contained power supply or telemetry system				
Force Main	feet of	-inch	(type)	
Force main discharge elevation				

Wastewater Treatment

Wastewater treatment will be provided by	
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Inspection/Maintenance

Inspection during construction will be provided by	
Maintenance after completion will be provided by	

CAPACITY CERTIFICATION/ALLOCATION LETTER

(This form must be filled-out in its entirety)

Name of applicant:
Name of owner:
Name of project:

CERTIFICATION

I, **Charles G. Peller, Jr.**, representing the **City of Michigan City, Indiana**, in my capacity
(Name of individual) (Name of city or town)
as **City Engineer** have the authority to act on behalf of the **City of Michigan City, Indiana**
(Title) (Name of city or town)

certify that I have reviewed and understand the requirements of 327 IAC 3 and that the sanitary collection system proposed, with the submission of this application, plans and specifications, meets all requirements of 327 IAC 3. I certify that the daily flow generated in the area that will be collected by the project system will not cause overflowing or bypassing in the collection system other than NPDES authorized discharge points and that there is sufficient capacity in the receiving water pollution treatment/control facility to treat the additional daily flow and remain in compliance with applicable NPDES permit effluent limitations. I certify that the proposed average flow will not result in hydraulic or organic overload. I certify that the proposed collection system does not include new combined sewers or a combined sewer extension to existing combined sewers. I certify that the ability for this collection system to comply with 327 IAC 3 is not contingent on water pollution/control facility construction that has not been completed and put into operation. I certify that the project meets all local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons per day (Total Average Flow for Project):	
Wastewater Treatment Plant (Name of WWTP): J.B. Gifford WWTP, Michigan City, IN.	
Sewers (Owners of sewers):	
Signature:	Date Signed (month, day, year):

(Please refer to IC 13-30-10 for penalties of submission of false information).

CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND SURVEYOR LETTER

(This form must be filled-out in its entirety)

Name of applicant:
Name of owner:
Name of project:

CERTIFICATION

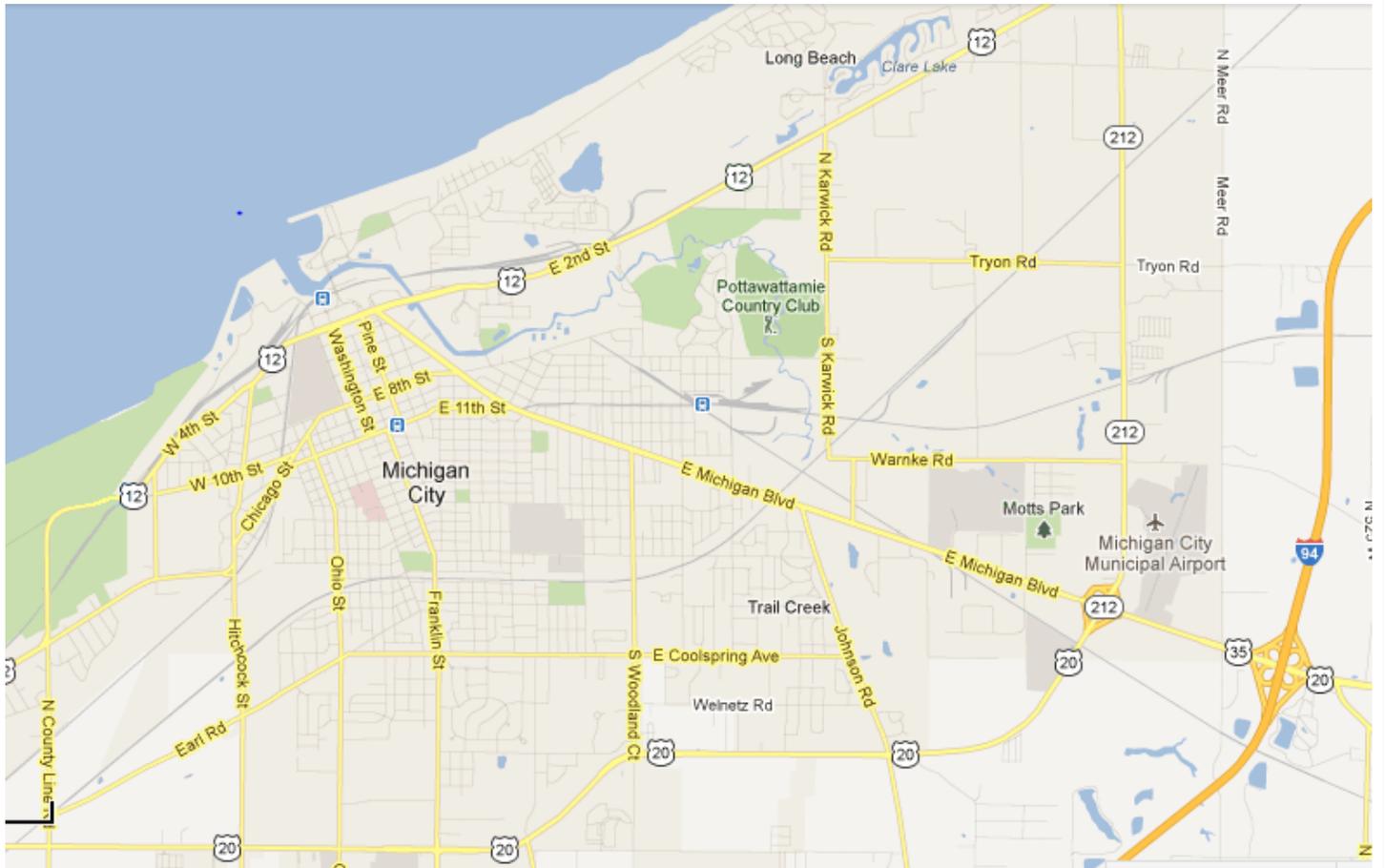
I, _____, representing the project applicant, in my capacity as a registered
(Name of individual) (Name of city or town)
professional _____, _____ certify the
(Engineer or Land Surveyor) (Indiana registration number)

following under penalty of law: The design of this project has been performed under my direction or supervision to assure conformance with 327 IAC 3 and the plans and specifications require the construction of said project to be performed in conformance with 327 IAC 3-6. The peak daily flow rates, in accordance with 327 IAC 3-6-11 generated from within the specific area that will be collected by the proposed collection system that is the subject of the application, plans, and specifications (when functioning as designed and properly installed), will not cause overflowing or bypassing in the same specific area serviced by the proposed collection system other than from NPDES authorized discharge points. The proposed collection system does not include new combined sewers (serving new areas) or a combined sewer extension to existing combined sewers. The sewer at the point of connection is physically in existence and operational. Based upon information provided by the owner of the Wastewater System, the ability for this collection system to comply with 327 IAC 3 is not contingent on downstream water pollution/control facility construction that has not been completed and put into operation. The design of the proposed project meets applicable local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons per day (Total Average Flow for Project):	
Wastewater treatment plant (Name of WWTP):	
Sewers (Owners of sewers):	
Signature:	Date Signed (month, day, year):

(Please refer to IC 13-30-10 for penalties of submission of false information).

Map of Michigan City to Identify Project Location (Add Additional More Detailed Maps as Necessary)





Fee Schedule

Michigan City Sanitary District
Sanitary Sewer and/or Sanitary Lift Station
Construction Permit

Base Fee: \$250	Is Base Fee Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Remainder of Form to be completed by MCSD Personnel	
Base Fee Received by MCSD?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Are Additional Fees Necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Time Spent in Review in excess of 2 Hour Maximum as per Resolution 1304-12.	Additional Time spent _____ hours
Additional Amount due to MCSD:	Amount: _____
Additional Amount received by MCSD:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Please remit this form with your Permit Application and upon request if additional Fees are necessary.

Note - Michigan City Sanitary District Resolution 1304-12, effective September 12, 2012, states the following: "NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Michigan City Sanitary District that the following fees shall be charged and collected prior to the issuance of a sanitary sewer construction permit by the MCSD: A minimum charge of \$250 per application plus an additional \$100 per hour, billed in 1/4 hour increments, for any time spent on the review, issuance, and construction monitoring in excess of 2 hours."

ADDITIONAL INFORMATION

Attach Additional Information as Requested and/or as Necessary to Describe, Explain, and/or Clarify the Information Contained in this Construction Permit Application.