



Engineering Division
203 S. Troy Street
Royal Oak, MI 48067
248.246.3260

PERMIT FOR CONTAMINATED SEWAGE DISCHARGE

APPLICANT TO PROVIDE ALL INFORMATION IN BLANK AREAS
CITY TO FILL IN SHADED AREAS

PERMIT NUMBER: PENG-_____		
A. PERMITTEE: (____ Property Owner, ____ Contractor or ____ Environmental Consultant)		
(COMPANY NAME)	(OFFICE PHONE)	
(ADDRESS)	(FAX)	
(CITY, STATE, ZIP CODE)	(24 HOUR EMERGENCY PHONE)	
(CONTACT PERSON)	(E-MAIL ADDRESS)	
B. LOCATION OF CONTAMINATED SEWAGE DISCHARGE:	(COMPANY/BUSINESS NAME)	
(ADDRESS)		
C. PERMIT FEE:		\$ _____
C. ESTIMATED SEWAGE TREATMENT FEE: (Estimated BY CITY at Permit Issuance)		\$ _____
1. ESTIMATED VOLUME OF DISCHARGE	_____	() GALLONS / () CUBIC FEET
2. ESTIMATED RATE OF DISCHARGE.	_____	() GPM / () GPD
3. ESTIMATED DURATION OF DISCHARGE	_____	() DAY(S) / () MONTH(S) / () YEARS
4. ESTIMATED SEWAGE TREATMENT FEE CALCULATED BY THE OAKLAND COUNTY WATER RESOURCES COMMISSION(O.C.W.R.C.)	\$ _____	
D. ESTIMATED DISCHARGE START DATE:	E. ESTIMATED DISCHARGE COMPLETION DATE:	

FOR CITY USE ONLY

G. ESTIMATED INSPECTION FEE: (Estimated at Permit Issue)	\$	<u> </u> HRS @ \$* /HR)
1. Additional Inspection Fees Due City (See Permit Requirement No. 11)	\$	<u> </u> HRS @ \$* /HR)
2. Inspection Fee Reimbursement (See Permit Requirement No. 11)	\$	<u> </u> HRS @ \$* /HR)

**Refer to the City of Royal Oak Engineering
Division Fee Schedule*

H. TOTAL PERMIT, TREATMENT & INSPECTION FEE:	\$
(To Be Determined When Permit Work is Completed)	

I. CHECK LIST	
<input type="checkbox"/> APPROVED PLAN (ALWAYS REQUIRED)	<input type="checkbox"/> CITY OF DETROIT I.W.C. PERMIT
<input type="checkbox"/> PERMIT FEE	<input type="checkbox"/> APPROVED I.C.A.P. FROM MDEQ.
<input type="checkbox"/> ESTIMATED INSPECTION FEE	<input type="checkbox"/> R.O.W. CONSTRUCTION PERMIT
<input type="checkbox"/> SEWER TAP PERMIT	

The Permittee hereby agrees that it will prosecute the contaminated sewage discharge authorized by this Permit in accordance with the requirements as stipulated in this contract.

Permittee: *Signature*

City Engineering Department

Permittee: *Printed Name*

Date *Date*

cc: Chief Engineer, O.C.W.R.C.
Industrial Waste Control, City of Detroit
Director of Public Services
Fire Chief
Fire Marshal
Contaminated Sewage Discharge Permits File
Building Department