



Jeffrey Wright - DRAIN COMMISSIONER
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PLEASE COMPLETE ALL FIELDS BELOW. **AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

APPLICATION REQUESTING A RESIDENTIAL EQUIVALENT UNIT (REU) AUDIT

BUSINESS AND/OR CONNECTION NAME: _____

CONNECTION ADDRESS: _____

TENANT SPACE: _____ **MUNICIPALITY:** _____

PROPERTY OWNER: _____ **PHONE:** _____

BUSINESS CONTACT: _____ **PHONE:** _____

PROPOSED BUSINESS USE: _____ **PARCEL ID #:** _____

PREVIOUS BUSINESS USE: _____

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES ON LARGEST SHIFT: _____

TOTAL AREA OF BUSINESS/TENANT (INCLUDING ALL BASEMENTS AND LEVELS): _____

Please attach a letter from the local unit of government to this application that indicates why the audit is being requested

PLEASE NOTE THAT A SIGNATURE FROM EACH ENTITY BELOW ALONG WITH A REQUEST LETTER FROM THE LOCAL UNIT OF GOVERNMENT IS REQUIRED TO CONDUCT THE AUDIT UNLESS THE AUDIT IS THE RESULT OF A NEW BUSINESS. THE BUSINESS CONTACT IS HOWEVER REQUIRED TO SIGN THE BOTTOM OF THIS FORM ACKNOWLEDGING THE FEE STATEMENT IN THE BOX BELOW.

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

BUSINESS CONTACT SIGNATURE: _____ **DATE:** _____

LOCAL UNIT OF GOVERNMENT SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: By signing this application you are giving The Genesee County Drain Commissioner's Office Division of Water & Waste Services authorization to conduct an REU redetermination of the abovementioned property. This request is viewed by our office as an invitation to access your premises and buildings located on the referenced site. Once the redetermination has been completed you will be notified by this office or by your local unit of Government. **THIS AUDIT MAY RESULT IN ADDITIONAL COUNTY CAPITAL IMPROVEMENT FEES (CCIF) DUE TO THIS OFFICE AS WELL AS TAP-IN FEES DUE TO THE LOCAL UNIT OF GOVERNMENT. ANY CCIF DUE SHALL BE PAID PRIOR TO THE LOCAL UNIT OF GOVERNMENT ISSUING A FINAL OCCUPANCY PERMIT. BE ADVISED THAT YOU ARE PROCEEDING AT YOUR OWN RISK IF YOU CHOOSE TO BEGIN WORK ON SAID TENANT SPACE AND/OR BUILDING PRIOR TO THE CCIF HAVING BEEN DETERMINED AND PAID. CCIF ARE \$1,000.00 PER REU FOR SANITARY AND \$1,000.00 PER REU FOR WATER. PLEASE ALLOW 2 WEEKS FOR THIS AUDIT TO BE COMPLETED.**

BUSINESS CONTACT SIGNATURE
ACKNOWLEDGING STATEMENTS IN BOX
ABOVE: _____ **DATE:** _____