



Port Clinton Water Works

1868 East Perry Street
Port Clinton, OH 43452
Phone 419-734-5522
Fax 419-734-5278

Date: _____
Permit #: _____
Parcel ID: _____
Acct#: _____

Application for Permit

Water Connection

APPLICATION MUST BE FULLY COMPLETED, SIGNED, AND ALL FEES/CHARGES PAID BEFORE A PERMIT CAN BE ISSUED

Property Information

Property Owner: _____ Phone #: _____

Service Address: _____ Port Clinton, OH 43452

Contact Name: _____ Phone#: _____

Contractor Name: _____ Phone #: _____

Work will be done by homeowner

Connection Information

- _____ New Construction - New Tap
- _____ Existing Structure - New Tap
- _____ New Construction - Existing Tap
- _____ Existing Structure - Existing Tap
- _____ Old Water Tap to New Water Tap
- _____ Other (describe) _____
- _____ Replace or install New Meter Pit

Other information: _____

Location of line(s) being installed:

- _____ Will be located entirely on the property referenced on this application
- _____ Will partially be located on a neighboring property (recorded easement attached)
- _____ Ft. – approximate length of pipe to be installed under this permit
- _____ Diameter of pipe to be installed for the water building water
- _____ Will this connection water require the opening of a street

TYPE OF SERVICE LATERAL MATERIAL:

- _____ TYPE "K" COPPER (3/4" – 2")
- _____ POLYETHYLENE TUBING (C901 SDR 9) 3/4" – 2"
- _____ PVC SDR 21 (ASTM D2241 FOR 3", ASTM D2729 FOR 2")
- _____ PVC (AWWA C909/C901 DR 18 150) 4" – 12" ONLY
- _____ DUCTILE IRON (C151 CLASS 200) 3" – 12" ONLY
- _____ CIR APPLICABLE SIZE: 4" 6" 8" 10"



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DOMESTIC WATER METER NEEDED (NOTE: THE MONTHLY MINIMUM IS BASED UPON METER SIZE):

- _____ 5/8" (standard single family dwelling size) _____ 2" COMPOUND OR TURBO (with administrative approval)
- _____ 1" _____ 3" COMPOUND OR TURBO (with administrative approval)
- _____ 1 1/2" _____ " COMPOUND OR TURBO (with administrative approval)

Building Water Information

Type of Structure:

- _____ Single Family Dwelling
- _____ Multi-Family Dwelling (please list how many units are in the structure) _____
- _____ Industrial Business - Name of Business: _____
(must be reviewed and approved by _____)
- _____ Commercial Business – Name of Business: _____
(Please describe type of business and capacity (i.e. 48 seat ordinary restaurant, retail establishment w/12 employees...)
- _____ Will there be a fire suppression system connected to the public water system?

Initial Billing Information

*Billing shall begin on the date the water is turned-on. Once the water is turned-on, there will be a monthly minimum charge even if no water passes through the meter.

When would you like your water service established (turned-on)?

- _____ I want my water turned-on at the time of final inspection of my service line.
- _____ I do not want my water turned on at the time of final inspection. It will be my responsibility to notify the Port Clinton Water Office when I want the water service turned on to my property to establish service and monthly billing.

Please initial that you have read and understand the following:

Please initial that you have read and understand the following:

- _____ No work shall begin until a permit has been issued.
- _____ 24 hours notice shall be given to the city by the permit holder prior to beginning construction.
- _____ All work shall be inspected by the city prior to backfilling.

I, as legal property owner of said property, hereby understand and agree to comply with the Water Rules and Regulations governing installation/repair of service lines and the use of the public water system. I, my heirs and assigns, also hereby convey authorization for the City personnel to access the water meter pit on this property for purposes of reading or maintenance of the meter.

_____ _____
Date Property Owner's Signature (title if applicable)



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For Office Use Only

_____ Permit Fee

_____ Inspection Fee (LESS THAN 20' – Not Required)

_____ Connection Charge (Tap-In Fee)

_____ System Capacity Charge (Impact Fee)

_____ Total Amt. Due

Please make Checks payable to: City of Port Clinton
Attach copy of receipt to show payment