

## **Port Clinton Water Works**

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

Date:	
Permit #:	
Acct#:	

## **APPLICATION FOR PERMIT**

Sewer Repair

\*\*\*APPLICATION MUST BE <u>FULLY COMPLETED</u>, 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 homeowne		
Repair Information		
	fy existing Other (describe)	
	hboring property (recorded easement attached) o be installed or repaired under this permit	
Building Sewer Information		
Industrial Business - Name of Bu	how many units are in the structure)ness:	
Commercial Business – Name of Business:		
No work shall begin until a permit 24 hours notice shall be given to t All work shall be inspected by the I, as legal property owner of said property	e city by the permit holder prior to beginning construction.	
- Data	Property Owner's Signature (title if applicable)	
Date Property Owner's Signature (title if applicable)		
Permit Fee Inspection Fee Total Amount Due	For Office Use Only  GRAVITY SERV.  G.P. TYPE #	

<sup>\*</sup>Please make Checks payable to: City of Port Clinton

<sup>\*</sup>Attach copy of receipt to show payment