

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 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 homeowner		
Repai	r Information	
Water Line Repair (If repairing unmetered leak	k, must move meter to pit. See by-laws Section 200.09)	
Replace or install New Meter Pit		
Other (describe)		
Other information:		
Location of line(s) being repaired:		
Will be located entirely on the property refere Will partially be located on a neighboring prop Ft. – approximate length of pipe to be installed Diameter of pipe to be installed for the water will be connection water require the opening	erty (recorded easement attached) d under this permit building water	
TYPE OF SERVICE LATERAL MATERIAL:		
TYPE "K" COPPER (3/4" – 2")		
POLYETHYLENE TUBING (C901 SDR 9) ¾" – 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		



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Building Water Information

Type of Structure:	
Single Family Dwelling	
Multi-Family Dwelling (pleas	se list how many units are in the structure)
Industrial Business - Name o	of Business:
(must be reviewed and app	roved by)
Commercial Business – Nam	ne of Business:
(Please describe type of business and	d capacity (i.e. 48 seat ordinary restaurant, retail establishment w/12 employees)
Will there be a fire suppres	ssion system connected to the public water system?
Please initial	that you have read and understand the following:
All work shall be inspected by I, as legal property owner of said property owner of said property owner of said property owner of said property.	ermit has been issued. to the city by the permit holder prior to beginning construction.
Butte	· , , , , , , , , , , , , , , , , , , ,
	For Office Use Only
Permit Fee	
Inspection Fee	
Total Amt. Due	
Please make Checks payable to: City of Attach copy of receipt to show payments	