



# 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 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

### Repair Information

\_\_\_\_\_ Replace existing \_\_\_\_\_ Modify existing \_\_\_\_\_ Other (describe) \_\_\_\_\_

Repair description: \_\_\_\_\_

Location of line(s) being repaired:

\_\_\_\_\_ 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 or repaired under this permit

\_\_\_\_\_ Diameter of pipe to be installed for the sanitary building sewer

### Building Sewer Information

Type of Structure:

\_\_\_\_\_ Single Family Dwelling

\_\_\_\_\_ Multi-Family Dwelling (please list how many units are in the structure) \_\_\_\_\_

\_\_\_\_\_ Industrial Business - Name of Business: \_\_\_\_\_

\_\_\_\_\_ Commercial Business – Name of Business: \_\_\_\_\_

### 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 Wastewater Rules, Regulations and ordinances governing installation/repair of building sewers and the use of the public wastewater treatment works.

\_\_\_\_\_ Date

\_\_\_\_\_ Property Owner's Signature (title if applicable)

### For Office Use Only

\_\_\_\_\_ Permit Fee

\_\_\_\_\_ Inspection Fee

\_\_\_\_\_ Total Amount Due

\_\_\_\_\_ GRAVITY SERV.

\_\_\_\_\_ G.P. TYPE #

\*Please make Checks payable to: City of Port Clinton

\*Attach copy of receipt to show payment