



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

Sewer 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 Sewer Tap to New Sewer Tap

_____ Other (describe) _____

Other information: _____

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 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: _____

(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...)



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Type of wastewater to be discharged:

_____ Household Wastewater
_____ Residential Floor Drains
_____ Commercial Food Service Wastewater
_____ Commercial Dump Station Wastewater
_____ Other: _____

**ITEMS NOT PERMITTED TO BE
DISCHARGED: clean water
connections (i.e. downspouts),
sump pumps, fish cleaning, garbage,
hazardous materials, excessive
grease or oil**

Is the property subject to the 100 year flood (elevation below 578.00) Yes _____ No _____

This section only for Mains installed or extended to subdivisions, developments, or other
special projects by private developers

Have you received the Ohio EPA permit to install (PTI) Yes _____ No _____

If yes copies of plans & a plan review/inspection fee deposit of \$750.00 shall be required from the developer at the time
of application for permit. Check# _____ Receipt # _____ Payment Date: _____

Date Plans Received: _____ Approved _____ Denied _____

Approved By: _____ Signed: _____ Date: _____

Amount of deposit to be refunded: _____ Additional amount owed: _____

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.
_____ Billing shall begin on the date of final inspection of the building sewer unless otherwise noted on this
application.

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)



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For Office Use Only

_____ Permit Fee

GRAVITY SERV. _____

_____ Inspection Fee

G.P. TYPE # _____

_____ Connection Charge (Tap-In Fee)

Main Size/Type: _____

_____ System Capacity Charge (Impact Fee)

_____ Total Amt. Due

Please make Checks payable to: City of Port Clinton

Attach copy of receipt to show payment