

CITY OF PORT CLINTON
Water Office
1868 E. Perry St.
Port Clinton, OH 43452
Phone: 419-734-5522
Fax: 419-734-1043

**APPLICATION FOR PERMIT
SEWER CONNECTION OR REPAIR**

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

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____, OHIO
STREET NUMBER/NAME City ZIP

BILLING ADDRESS: _____, OHIO
STREET NUMBER/NAME CITY ZIP

TELEPHONE NUMBERS: () _____ or () _____

PARCEL I.D. #: _____

SUBDIVISION or SECTION/LOT: _____ LOT #: _____

THE INSTALLATION OR REPAIR WILL BE DONE BY: PROPERTY OWNER OR IMMEDIATE RELATIVE _____
CONTRACTOR OR PLUMBER _____
NAME OF CONTRACTOR/PLUMBER _____

CONNECTION OR REPAIR INFORMATION:

NEW CONSTRUCTION: _____ OLD SEWER TAP TO NEW SEWER TAP: _____

REPAIR EXISTING SEWER: _____

Repair description: _____

TYPE OF STRUCTURE(S) TO RECEIVE (or is receiving) WATER FROM THE PUBLIC WATER SUPPLY SYSTEM:

_____ SINGLE FAMILY DWELLING

_____ MULTI-FAMILY DWELLING (please list how many units are in the structure) _____

_____ INDUSTRIAL 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...)

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.**

BUILDING SEWER INFORMATION:

_____ 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.

IS THE PROPERTY SUBJECT TO THE 100 YEAR FLOOD (elevation below 578.00) YES _____ No _____

THE PROPERTY OWNER SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION, IN ACCORDANCE WITH THE WASTEWATER RULES AND REGULATIONS, OF SAID BUILDING SEWER. AUTHORITY FOR THE ENFORCEMENT OF THE WASTEWATER RULES AND REGULATIONS IS GIVEN UNDER SECTION _____ OF THE OHIO REVISED CODE.

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 A “DELAY IN BILLING FORM” IS SIGNED BY THE PROPERTY OWNER AT THE TIME OF APPLICATION FOR PERMIT.

MAKE CHECKS PAYABLE TO: CITY OF PORT CLINTON

I, as legal property owner of said property, hereby understand and agree to comply with the Wastewater Rules and Regulations governing installation/repair of building sewers and the use of the public wastewater treatment works. I also acknowledge receiving a copy of the Summarized Rules and Regulations.

DATE

PROPERTY OWNER’S SIGNATURE (title if applicable)

FOR OFFICE USE ONLY:

PERMIT FEE: \$ _____

CHECK NO.: _____

GRAVITY SERV. _____

INSPECTION FEE: \$ _____

RECEIPT NO.: _____

G.P. TYPE/# _____

CONNECTION FEE: \$ _____

CASH AMT.: _____

DATE

MAIN SIZE/TYPE: _____

RECEIVED: _____

CITY OFFICIAL: _____

TOTAL AMT. DUE: \$ _____

**FOR CONNECTION TO THE WEST LAKESHORE DRIVE SANITARY SEWER.
ALL LATERALS AND GRINDER PUMP INSTALLATION AND MAINTENANCE
ARE THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER.**