

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: _____

SERVICE 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, ECESSIVE GREASE
OR OIL.**

(APPLICATION CONTINUED ON BACK)

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 _____

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 # _____

AMOUNT OF DEPOSIT TO BE REFUNDED: _____ ADDITIONAL AMOUNT OWED: _____

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 #** _____
(LESS THAN 20’
NOT REQUIRED)

SYSTEM CAPACITY \$ _____ **CASH AMT.:** _____ **MAIN SIZE/TYPE** _____
CHRG (IMPACT FEE)

CONNECTION CHRG \$ _____ **DATE** _____
(TAP IN)

TOTAL AMT. DUE: \$ _____ **RECEIVED:** _____

CITY OFFICIAL: _____