

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

**PUBLIC WATER SERVICE LINE
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 (installation of a new service line or lateral for a new structure) _____

REPAIR/REPLACE EXISTING SERVICE LINE (or parts thereof) OR WATER METER PIT: _____

REPAIR DESCRIPTION: _____

INITIAL BILLING INFORMATION:

BILLING SHALL BEGIN ON THE DATE THE WATER IS TURNED-ON. ONCE THE WATER IS TURNED-ON, THERE WILL BE A MONTHLY MINIMUM CHARGE EVEN IF NO WATER PASSES THROUGH THE METER.

WHEN DO YOU WANT YOUR WATER SERVICE ESTABLISHED (TURNED-ON)?

_____ I WANT MY WATER TURNED-ON AT THE TIME OF FINAL INSPECTION OF MY SERVICE LINE.

_____ I DO **NOT** WANT MY WATER TURNED ON AT THE TIME OF FINAL INSPECTION. IT WILL BE MY RESPONSIBILITY TO NOTIFY THE PORT CLINTON WATER OFFICE WHEN I WANT THE WATER TURNED ON TO MY PROPERTY TO ESTABLISH SERVICE AND MONTHLY BILLING.

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...)

WILL THERE BE A FIRE SUPPRESSION SYSTEM CONNECTED TO THE PUBLIC WATER SYSTEM? _____

WATER SERVICE LINE INFORMATION:

_____ WILL BE LOCATED ENTIRELY ON THE PROPERTY REFERENCED ON THIS APPLICATION.

_____ WILL PARTIALLY BE LOCATED ON A NEIGHBORING PROOPERTY (RECORDED EASEMENT ATTACHED)

_____ WILL THIS WATER REQUIRE THE OPENING OF A STREET?

TAP SIZE AND SERVICE LINE DIAMETER: TYPE OF SERCIE LATERAL MATERIAL:

_____ 3/4" (minimum)

_____ TYPE "K" COPPER (3/4" – 2")

_____ 1"

_____ POLYETHYLENE TUBING (C901 SDR 9) 3/4" – 2")

_____ 1 1/2"

_____ PVC SDR 21 (ASTM D2241 FOR 3", ASTM D2729 FOR 2")

_____ 2"

_____ PVC (AWWA C909/C901 DR 18 150) 4" – 12" ONLY

_____ 3"

_____ DUCTILE IRON (C151 CLASS 200) 3" – 12" ONLY

_____ CIR APPLICABLE SIZE: 4" 6" 8" 10"

DOMESTIC WATER METER NEEDED (NOTE: THE MONTHLY MINIMUM IS BASED UPON METER SIZE):

_____ 5/8" (standard single family dwelling size)

_____ 2" COMPOUND OR TURBO (with administrative approval)

_____ 1"

_____ 3" COMPOUND OR TURBO (with administrative approval)

_____ 1 1/2"

_____ " COMPOUND OR TURBO (with administrative approval)

THE PROPERTY OWNER SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION, IN ACCORDANCE WITH THE WATER RULES AND REGULATIONS, OF SAID WATER SERVICE LINE. 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 HOUR NOTICE SHALL BE GIVEN TO THE CITY BY PERMIT HOLDER PRIOR TO BEGINNING CONSTRUCTION. ALL WORK SHALL BE INSPECTED BY THE CITY PRIOR TO BACKFILLING.

MAKE CHECKS PAYABLE TO: CITY OF PORT CLINTON

I, as legal property owner of said property, hereby understand and agree to comply with the Water Rules and Regulations governing installation of service lines and the use of the public water system. I, my heirs and assigns, also hereby convey authorization for the City personnel to access the water meter pit on this property for purposes of reading and meter or for operations and maintenance of the meter pit. 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.: _____

INSPECTION FEE: \$ _____

RECEIPT NO: _____

TAP IN FEE: \$ _____

CASH AMT.: _____

IMPACT FEE: \$ _____

DATE _____

RECEIVED: _____

CITY OFF.: _____

TOTAL AMT. DUE: \$ _____