

## **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 <u>FULLY COMPLETED</u>, 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 Modi	fy existing Other (	describe)		
Repair description:		· · · · · · · · · · · · · · · · · · ·		
Location of line(s) being repairerd:  Will be located entirely on the pro Will partially be located on a neight Ft. – approximate length of pipe to Diameter of pipe to be installed for	nboring property (recorded each be installed or repaired und	asement attached) Ier this permit		
	<b>Building Sewer Informa</b>	ation		
Type of Structure: Single Family Dwelling Multi-Family Dwelling (please list Industrial Business - Name of Busi Commercial Business - Name of B  Please initial that No work shall begin until a permit h All work shall be inspected by the coll, as legal property owner of said property,	ness:usiness: you have read and und has been issued. e city by the permit holder pr ity prior to backfilling.	lerstand the follov	ving:	
Regulations and ordinances governing insta	,	• •		
treatment works.				
Date	Property Owner's Signa	ture (title if applicable)		
	For Office Use Only	/		
Permit Fee Inspection Fee Total Amount Due		GRAVI <sup>_</sup> G.P. TY	TY SERV. PE #	

<sup>\*</sup>Please make Checks payable to: City of Port Clinton

<sup>\*</sup>Attach copy of receipt to show payment