

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

<mark>Water Repair</mark>

***APPLICATION MUST BE <u>FULLY COMPLETED,</u> SIGNED, AND ALL FEES/CHARGES PAID BEFORE A PERMIT CAN BE ISSUED ***

Proper	ty Information
Property Owner:	Phone #:
Service Address:	Port Clinton, OH 43452
Contact Name:	Phone#:
Contractor Name:	Phone #:
Work will be done by homeowner	
Repair	r Information
Water Line Repair (If repairing unmetered leak	, must move meter to pit. See by-laws Section 200.09)
Replace or install New Meter Pit	
Other (describe)	
Other information:	
Location of line(s) being repairerd:	
Will be located entirely on the property referer Will partially be located on a neighboring prope Ft. – approximate length of pipe to be installed Diameter of pipe to be installed for the water b Will this connection water require the opening	erty (recorded easement attached) under this permit puilding water
TYPE OF SERCIE LATERAL MATERIAL:	
TYPE "K" COPPER (3/4" – 2")	
POLYETHYLENE TUBING (C901 SDR 9) ¾" – 2")	
PVC SDR 21 (ASTM D2241 FOR 3", ASTM D2729 FOR	2")
PVC (AWWA C909/C901 DR 18 150) 4" – 12" ONLY	
DUCTILE IRON (C151 CLASS 200) 3" – 12" ONLY	

in	
PORT	GLINTUN

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#:	

Building Water Information

Type of Structu	re:
Single	Family Dwelling
	Family Dwelling (please list how many units are in the structure)
Indust	rial Business - Name of Business:
(must	t be reviewed and approved by)
	nercial Business – Name of Business:
(Please describ	be type of business and capacity (i.e. 48 seat ordinary restaurant, retail establishment w/12 employees
Will t	there be a fire suppression system connected to the public water system?
	Please initial that you have read and understand the following:
Please initial th	at you have read and understand the following:
No wor	k shall begin until a permit has been issued.
24 hour	rs notice shall be given to the city by the permit holder prior to beginning construction.
All worl	k shall be inspected by the city prior to backfilling.
Date	Property Owner's Signature (title if applicable)
	For Office Use Only
	For Office Use Only Permit Fee
	•
	Permit Fee Inspection Fee (LESS THAN 20' – Not Required)
	Permit Fee
Please make Ch	Permit Fee Inspection Fee (LESS THAN 20' – Not Required) Total Amt. Due
	Permit Fee Inspection Fee (LESS THAN 20' – Not Required)
Attach copy of I	Permit Fee Inspection Fee (LESS THAN 20' – Not Required) Total Amt. Due necks payable to: City of Port Clinton
Attach copy of I	Permit Fee Inspection Fee (LESS THAN 20' – Not Required) Total Amt. Due necks payable to: City of Port Clinton receipt to show payment