



# 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

### Water Connection

\*\*\*APPLICATION MUST BE FULLY COMPLETED, 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

### Connection Information

- \_\_\_\_\_ New Construction - New Tap
- \_\_\_\_\_ Existing Structure - New Tap
- \_\_\_\_\_ New Construction - Existing Tap
- \_\_\_\_\_ Existing Structure - Existing Tap
- \_\_\_\_\_ Old Water Tap to New Water Tap
- \_\_\_\_\_ Other (describe) \_\_\_\_\_
- \_\_\_\_\_ Replace or install New Meter Pit

Other information: \_\_\_\_\_  
\_\_\_\_\_

#### Location of line(s) being installed:

- \_\_\_\_\_ 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 under this permit
- \_\_\_\_\_ Diameter of pipe to be installed for the water building water
- \_\_\_\_\_ Will this connection water require the opening of a street

#### TYPE OF SERVICE LATERAL MATERIAL:

- \_\_\_\_\_ TYPE "K" COPPER (3/4" – 2")
- \_\_\_\_\_ POLYETHYLENE TUBING (C901 SDR 9) 3/4" – 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
- \_\_\_\_\_ CIR APPLICABLE SIZE: 4" 6" 8" 10"



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**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)

## Building Water Information

Type of Structure:

- \_\_\_\_\_ Single Family Dwelling
- \_\_\_\_\_ Multi-Family Dwelling (please list how many units are in the structure) \_\_\_\_\_
- \_\_\_\_\_ Industrial Business - Name of 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?

## 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 would you like 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 service turned on to my property to establish service and monthly billing.

## Please initial that you have read and understand the following:

Please initial that you have read and understand the following:

- \_\_\_\_\_ 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.

I, as legal property owner of said property, hereby understand and agree to comply with the Water Rules and Regulations governing installation/repair 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 or maintenance of the meter.

\_\_\_\_\_ Date

\_\_\_\_\_ Property Owner's Signature (title if applicable)



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## For Office Use Only

\_\_\_\_\_ Permit Fee

\_\_\_\_\_ Inspection Fee

\_\_\_\_\_ Connection Charge (Tap-In Fee)

\_\_\_\_\_ System Capacity Charge (Impact Fee)

\_\_\_\_\_ Total Amt. Due

Please make Checks payable to: City of Port Clinton  
Attach copy of receipt to show payment