

PORTAGE COUNTY WATER RESOURCES
8116 INFIRMARY ROAD
RAVENNA OH 44266
330-297-3670 OFFICE/330-297-3689 FAX

DATE _____ PLANS SUBMITTED HERewith _____

CHANGE OF USE - COMMERCIAL OR INDUSTRIAL USER APPLICATION

FORM SHOULD ONLY BE FILLED OUT IF SANITARY SEWER SERVICE IS PROVIDED BY PORTAGE COUNTY – PLEASE CALL 330-298-2066 OR 330-297-3670 FOR VERIFICATION.

PROPERTY OWNER _____

RESIDENCE ADDRESS _____

SERVICE ADDRESS _____

TOWNSHIP _____ PHONE NO. _____

PLEASE MARK AS N/A IF LINE ITEM DOES NOT APPLY.

1. NO. OF APARTMENTS _____

2. NO. OF BEDROOMS PER APARTMENT _____

3. NO. OF COIN LAUNDRY MACHINES _____

4. GALLONS PER WASHER LOAD _____

5. DESIGN LOAD OF SWIMMERS _____

6. SQUARE FEET OF BUILDING _____

7. FOOD SERVICE _____

8. FOOD SERVICE SEATING CAPACITY _____

9. NO. OF PARKING SPACES _____

10. BEER OR LIQUOR (ON PREMISES CONSUMPTION) YES _____ NO _____

11. TAVERN SEATING CAPACITY _____

12. NO. OF BARBERS (BEAUTY) CHAIRS _____

13. NO. OF BOWLING LANES _____

14. NO. OF MEMBERS _____

15. SANCTUARY SEATING CAPACITY _____

16. PARSONAGE (FOR CHURCH FACILITIES) YES _____ NO _____

17. NO. OF RESIDENT PERSONNEL _____

18. NO. OF SHOWERS _____

19. NO. OF EMPLOYEES _____

20. NO. OF BEDS _____

21. NO. OF MOTEL /HOTEL ROOMS _____

22. NO. OF STUDENTS: ELEMENTARY _____ HIGH & JR. HIGH _____

23. NO. OF SERVICE BAYS _____

24. NO. OF TRAILER P ADS _____

25. NO. OF DOUBLE WIDE TRAILERS _____

26. NO. OF TRAILER OR TENT CAMPING SITES _____

27. HOURS OPEN _____

28. WILL GARBAGE GRINDERS BE USED _____

29. NEW CONSTRUCTION OR EXISTING BUILDING (S) _____

30. ANY OTHER PERTINENT FACTS, INCLUDING BUT NOT LIMITED TO:

A. OTHER ADDITIONAL USES OF FACILITIES. _____

B. ADDITIONAL COMMON FACILITIES. _____

C. INDUSTRIAL/COMMERCIAL WASTE PROPOSED TO BE DISCHARGED TO THE
SANITARY SEWER SYSTEM.

D. ANY OTHER FACTS OR CONDITIONS FOR APPROVAL DEEMED APPROPRIATE BY
THE PORTAGE COUNTY WATER RESOURCES AND/OR THE PROPERTY OWNER.

PLEASE EXPLAIN _____

31. WILL PORTAGE COUNTY APPROVED OIL/GREASE TRAP BE INSTALLED

I, AS PROPERTY OWNER OR AUTHORIZED AGENT OF OWNER, DO HEREBY CERTIFY THAT
THE FACTS AS STATED HEREIN ARE TRUE AND THAT THE BUILDING (S) HEREIN PROPOSED
TO BE CONSTRUCTED WILL BE BUILT IN ACCORDANCE WITH THIS STATEMENT AND THE
PLANS SUBMITTED HEREWITH.

WITNESSES:

OWNER OR AUTHORIZED AGENT:

County _____

BEFORE ME, A NOTARY PUBLIC, IN AND FOR SAID COUNTY AND STATE, PERSONALLY
APPEARED THE ABOVE NAMED _____ OWNER OR AUTHORIZED
AGENT, WHO ACKNOWLEDGED THAT ____ HE DID SIGN SAID INSTRUMENT AND THE SAME IS
____ FREE ACT AND DEED, INDIVIDUALLY AND AS SUCH OWNER AND/OR AUTHORIZED
AGENT. IN TESTIMONY WHERE OF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND
AFFIXED MY OFFICIAL SEAL AT _____, THIS _____ DAY OF _____,
_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

VERIFIED: PORTAGE COUNTY WATER RESOURCES

BY _____
INSPECTOR

DATE _____

**NOTE: A WATER METER (APPROVED BY PORTAGE COUNTY) IS REQUIRED ON ALL
COMMERCIAL ACCOUNTS. APPROVAL WILL NOT BE GRANTED UNLESS SUCH
METER IS INSTALLED**