

APPLICATION FOR SANITARY SEWER OR WATER PERMIT

Portage County Water Resources
 8116 Infirmary Road | Ravenna, OH 44266
 Phone: 330-297-3670 | Permit/Project Coordinator: 330-298-2066 | Fax: 330-297-3689
 Email: jevans@portageco.com or pcwr.permits@portageco.com



Instructions: All applicable fees must be paid before a sewer or water permit is issued. Payment shall be by cash, check or money order payable to "Portage County Water Resources." Online payment options are available with a credit/debit card on the County's webpage at www.portagecounty-oh.gov. Applications shall be submitted by fax, email or by returned mail. All sewer and water builders must be registered with Portage County Water Resources before inspection.

Date: _____

Permit Desired: Sanitary Sewer: New Service Disconnect Reconnect Repair Change Use/Owner
 Domestic Water: New Service Disconnect Reconnect Repair Tap Size: _____
 Irrigation Water: Irrigation Tap Size: _____ (meter and backflow req'd.)
 Fire Protection: New Service Disconnect Tap Size: _____

Owner's Name: _____ Owner Email Address: _____
 Owner's Current Address: _____
 City: _____ State: _____ Zip: _____
 Owner's Phone No.: _____ Contractor Name: _____
 Contractor Phone No.: _____

Service Address: _____
 City: _____ State: _____ Zip: _____
 Billing Address (if different than Service Address) _____ State: _____ Zip: _____

Structure Type: Existing New Remodel
 Class of Building: Single Family Multi-Family Mobile Commercial Commercial Food
 Factory Warehouse Other (list) _____
 Type of Construction: Slab Crawl Space Full Basement Bi-Level Other
 Subdivision Name (Allotment): _____ Sublot No.: _____ Acreage: _____
 Township/City: _____ Original Lot No.: _____ Parcel No.: _____
 Applicant Email Address: _____ Phone No.: _____
 Applicant Name: _____ Applicant Signature: _____
 (print) (signature)

STOP HERE – THIS SECTION TO BE FILLED OUT BY PORTAGE COUNTY WATER RESOURCES

Control No.: _____ Sewer Permit No.: _____ Control No.: _____ Water Permit No.: _____
 Project Name: _____ Project Number: _____
 Sewer District: Portage Co. Regional Streetsboro No. 4 Assessment No.: _____
 Plant Name: _____ Facilities Available Project Under Construction
 User Class: Residential Residential Multi-family Mobile Home Commercial Commercial Food
 Billing Units: Flat Rate Metered

Sewer Breakdown Charges:

| | Quantity: | Amount: |
|------------|-----------|---------|
| Front Foot | | |
| Conn. Unit | | |
| Trunk | | |
| Plant | | |
| Permit Fee | | |
| SUBTOTAL: | | |

| Location of Sewer Lateral: | |
|----------------------------|------------------------|
| | From Downstream MH |
| | Depth At Property Line |
| | Length of Lateral |

| Location of Water Lateral: | |
|----------------------------|--------------------------|
| | From Hydrant or Valve |
| | Depth at Property Line |
| | Length of Lateral & Tail |

Water Breakdown Charges:

| | Quantity: | Amount: |
|-------------|-----------|---------|
| Front Foot | | |
| Demand Unit | | |
| Meter | | |
| Permit | | |
| SUBTOTAL: | | |

Comments: