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

DATE _____

HOME OWNER'S INSURANCE FORM SUBMITTED HEREWITH _____

HOME OWNER APPLICATION TO INSTALL SEWER/WATER SERVICE(S)

PROPERTY OWNER

RESIDENCE ADDRESS

SERVICE ADDRESS

TOWNSHIP ____

PHONE NO. _____

DESCRIPTION OF WORK BEING DONE

NOTE: TRENCH BOX OR SHORING MAY BE REQUIRED <u>AT ANY TIME</u> BY THE WATER RESOURCES DEPARTMENT IF CONDITIONS WARRANT IT'S USE.

MATERIAL TO BE USED (Must meet spec. requirements for sewer and or water, see specs.)

NOTE: REVERSE SIDE OF FORM MAY BE USED TO PROVIDE ADDITIONAL INFORMATION.

EXCAVATION FOR SEWER LATERAL OR WATER SERVICE LINE INSTALLATION/REPAIR WILL NOT BE PERMITTED UNTIL THE FOLLOWING ITEMS HAVE BEEN ADDRESSED

1. COPY OF HOME OWNER'S INSURANCE POLICY ____

2. APPLICATION FOR SANITARY SEWER AND OR WATER PERMIT HAS BEEN PURCHASED _____

3. OWNER ACKNOWLEDGEMENT THAT HARD HATS MUST BE WORN ON THE JOB AT ALL

TIMES ______ (SIGNATURE REQUIRED)

4. HOME OWNER HAS SCHEDULED AN INSPECTION DATE AND TIME WITH WATER RESOURCES DEPARTMENT – 330-298-2065 OR 330-298-2066.

5. OHIO UTILITIES PROTECTION SERVICE HAS BEEN NOTIFIED 1-800-362-2764

WEEKEND AND/OR HOLIDAY WORK WILL NOT BE PERMITTED UNLESS AUTHORIZED BY THE WATER RESOURCES DEPARTMENT.

WITNESSES:

OWNER/FAMILY MEMBER:

COUNTY _____

_, ___

BEFORE ME, A NOTARY PUBLIC, IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED THE ABOVE NAMED _______ OWNER OR AUTHORIZED FAMILY MEMBER, 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