

## **SUPPLEMENTAL COMMERCIAL OR INDUSTRIAL APPLICATION FOR SEWER PERMIT**

Portage County Water Resources

8116 Infirmary Road

Ravenna, OH 44266

Phone: 330-2973670 | Permit Project Coordinator: 330-298-2066 | Fax: 330-297-3689

Email: [jevans@portageco.com](mailto:jevans@portageco.com) or [pcwr.permits@portageco.com](mailto:pcwr.permits@portageco.com)



**Instructions:** Please fill out this form along with the Application for a Sanitary Sewer or Water Permit and submit with your proposed plans. This additional information will be used to determine the amount of sewer units required for a sewer connection and the calculations of permit fees.

PLANS SUBMITTED HEREWITH ☐

Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone No: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

### **SEWER UNITS EQUIVALENT BUILDING USAGE TABLE:**

Number of Apartments: \_\_\_\_\_ Number of Beds Per Apt. \_\_\_\_\_  
Assembly Halls/Banquet Halls: No. Employees \_\_\_\_\_ No. Seats w/o Kitchen Facilities \_\_\_\_\_ No. Seats w/Kitchen Facilities \_\_\_\_\_  
Barber Shop No. Chairs: \_\_\_\_\_  
Beauty Parlor No. Basins: \_\_\_\_\_  
Bowling Alley No. Lanes: \_\_\_\_\_  
Car Wash: ☐ Hand Bay ☐ Auto Bay  
Campground or Recreational Park: No. Sites Primitive w/o Showers \_\_\_\_\_ No. Sites Primitive w/Shower \_\_\_\_\_  
No. Sites w/o Water Hookup \_\_\_\_\_ Site w/Water Hookup \_\_\_\_\_  
Churches (Small) Less than 200 Sanctuary Seats: No. Seats w/o Kitchen \_\_\_\_\_ No. Seats w/Kitchen \_\_\_\_\_  
Churches (Large) More than 200 Sanctuary Seats: No. Seats w/o Kitchen \_\_\_\_\_ No. Seats w/Kitchen \_\_\_\_\_  
Coffee Shop No. Seats \_\_\_\_\_  
Condominiums: No. \_\_\_\_\_  
Convenience Store (with Gas Sales): No. Employees \_\_\_\_\_ No. Parking \_\_\_\_\_ No. Pump Islands \_\_\_\_\_  
Country Clubs: No. Members \_\_\_\_\_  
Dance Halls: No. Patrons w/o Kitchen Facilities \_\_\_\_\_ No. Patrons w/Kitchen Facilities \_\_\_\_\_  
Dentist Office: No. Employees \_\_\_\_\_ No. Patients \_\_\_\_\_ No. Dentists \_\_\_\_\_  
Doctor Office: No. Employees \_\_\_\_\_ No. Patients \_\_\_\_\_ No. Doctors \_\_\_\_\_  
Drive Inn Theater: No. Car Spaces \_\_\_\_\_  
Factories: No. Employees w/o Showers \_\_\_\_\_ No. Employees w/Showers \_\_\_\_\_  
Food Service Operations: Ordinary Restaurant (not 24 hr) No. Seats \_\_\_\_\_ Ordinary Restaurant (24 hr) No. Seats \_\_\_\_\_  
Fast Food (not 24 hr.) \_\_\_\_\_ Fast Food (24 hr.) \_\_\_\_\_ Curb Service Parking Spaces \_\_\_\_\_  
Hospitals-No Resident Personnel: No. Employees \_\_\_\_\_ No. Beds \_\_\_\_\_  
House (Residential): ☐ Single Family House ☐ Duplex House ☐ Multi-Family House – How Many \_\_\_\_\_  
Institutions – Resident: No. Beds \_\_\_\_\_  
Laundry – Coin Operated: No. Machines \_\_\_\_\_ (Laundry Wastes Require Special Consideration-Consult Sanitary Engineer)  
Motels or Hotel: No. Rooms \_\_\_\_\_  
Nursing & Rest Homes: No. Resident Employees \_\_\_\_\_ No. Non-Resident Employee \_\_\_\_\_ No. Beds \_\_\_\_\_  
Office Building: No. Employees \_\_\_\_\_ No. Parking Spaces \_\_\_\_\_  
Retail Store: No. Employees \_\_\_\_\_ No. Parking Spaces \_\_\_\_\_  
Schools: No. Employees \_\_\_\_\_ No. Elementary Pupils \_\_\_\_\_ No. Junior & Senior High Pupils \_\_\_\_\_  
Service Stations: No. Bays \_\_\_\_\_ No. Islands \_\_\_\_\_  
Shopping Center: No. Employees \_\_\_\_\_ w/o Food Service No. Parking \_\_\_\_\_ w/Food Service No. Parking \_\_\_\_\_  
Swimming Pools: No. Swimmers w/o Hot Showers \_\_\_\_\_ No. Swimmers w/Hot Showers \_\_\_\_\_  
Theater: No. Seats \_\_\_\_\_  
Mobile Home: No. of Single Wide \_\_\_\_\_ No. of Double-Wide \_\_\_\_\_  
Vacation Cottages: No. Persons w/o Kitchen \_\_\_\_\_ No. Persons w/Kitchen \_\_\_\_\_  
Veterinarian Office & Animal Hospital: No. Kennel/Cages/Runs \_\_\_\_\_ No. Employees \_\_\_\_\_  
Youth & Recreation Camps: No. Employees \_\_\_\_\_ No. Employees Overnight \_\_\_\_\_ No. Campers Overnight \_\_\_\_\_  
No. Campers w/food service \_\_\_\_\_ No. Campers w/o food service \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Facility Hours Open: \_\_\_\_\_
2. Will Garbage Grinders be Used? \_\_\_\_\_
3. Type of Construction:      New ☐              Used ☐
4. Any other pertinent facts, including but not limited to? \_\_\_\_\_
5. Other Additional Uses of Facilities? \_\_\_\_\_
6. Additional Common Facilities? \_\_\_\_\_
7. Industrial/Commercial waste proposed to be discharged to the sanitary sewer system? \_\_\_\_\_
8. Any Other Facts or conditions for approval deemed appropriate by the Portage County Water Resources and/or the property owner, please explain? \_\_\_\_\_
9. Will Portage County approved Oil/Grease interceptor 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.

OWNER OR AUTHORIZED AGENT #1:

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

OWNER OR AUTHORIZED AGENT #2: (if more than one)

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

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/SHE 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 \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
VERIFIED: PORTAGE COUNTY WATER RESOURCES