HOME OWNER'S INSURANCE FORM
SUBMITTED HEREWTH

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 AT ANY TIME 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.)

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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 WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL AT ____________________, THIS _____ DAY OF ____________________, ________.

________________________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES ______________