

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." 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. Payments shall be made in person to our billing office or mailed to: Portage County Water Resources, 4973 S. Prospect Street, Ravenna, OH 44266.

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: