

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 or 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