



**Application for Permit and Inspection: Division of Water and Wastewater**

City of Chardon  
111 Water Street, Chardon OH 44024  
Phone: (440) 286-2654 Fax: (440) 286-5541

Permit No.: \_\_\_\_\_

Job Location: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Date: \_\_\_\_\_

**Application/Permit for:**  Sanitary Sewer  Water Line  Second Water Meter  Water and Sewer Utility Tap-In  
**Please Check:**  New Installation  Replacement  Repair/Alteration  Boring  Extension  Construction Water Service  
 Other please explain: \_\_\_\_\_  
**Call Ohio Utilities Protection Service at: 1-800-362-2764 BEFORE digging!**

Property Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contractor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Federal Tax ID No. or Social Security No.: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Permit Fees are to be paid at the time of application submittal.**

Sanitary Sewer Work Permit Fee: \$ \_\_\_\_\_ (CO 925.12) \_\_\_\_\_ Size, Sanitary Service Line Work Permit Fee: \$ \_\_\_\_\_ (CO927.12)

Sanitary Sewer Utility Tap-In Permit Fee: \$ \_\_\_\_\_ (CO 925.12) W.W.T.P. System Development Charge: \$ \_\_\_\_\_

Material and Labor Deposit: \$ \_\_\_\_\_

**Total Sanitary Sewer Fee:** \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Water Utility Tap-In Permit Fee: \$ \_\_\_\_\_ (CO 921.162 & 927.12) \_\_\_\_\_ Size, Second Water Meter Fee: \$ \_\_\_\_\_

Material and Labor Deposit: \$ \_\_\_\_\_

**Total Water Fee:** \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

\_\_\_\_\_ Size, Water Service Line Work Permit Fee: \$ \_\_\_\_\_ (CO927.12) \_\_\_\_\_ Size, Second Water Meter Fee: \$ \_\_\_\_\_

Construction Water Service Deposit: \$ \_\_\_\_\_ (CO 921.167) Second Water Meter Installation Permit Fee: \$ \_\_\_\_\_ (CO927.39)

Construction Water Use Fee: \$ \_\_\_\_\_

**Total Water Fee:** \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**City Staff to fill out this portion only.**

Pursuant to the Codified Ordinances and the Municipal Specifications of the City of Chardon, a Permit is hereby issued to the above named applicant, subject to final inspection.

Insurance Certificate Filed:  Yes  No  N/A Date: \_\_\_\_\_ Bond Filed:  Yes  No  N/A Date: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_  
Director of Public Service Date

**Two (2) business days prior to start of work, call the City of Chardon Water and Wastewater Dept., at 440-286-2657 to schedule an inspection.**

Sewer Final Inspection:  Approved  Denied Date: \_\_\_\_\_ If denied, explain. \_\_\_\_\_

Re-Inspection  Approved  Denied Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Water Final Inspection:  Approved  Denied Date: \_\_\_\_\_ If denied, explain. \_\_\_\_\_

Re-Inspection  Approved  Denied Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_