

GEAUGA COUNTY DEPARTMENT OF WATER RESOURCES
APPLICATION FOR SEWER SERVICE

470 Center Street Bldg 3
Chardon, Ohio 44024-1068
(440)285-2222 ext 1970
Fax (440) 285-9549

Commercial
 Residential
Date: _____

Parcel ID #: _____
Account #: _____
Permit #: _____

This form shall be completed and approved before a sewer connection permit is issued

1. Construction/Service Address: _____
2. Service Area: _____ Sublot # _____
3. Legal Owner: Full Name: _____
Address: _____ Phone: _____
4. Billing Address: _____
Name of Business: _____
5. Connection Installer: _____
(Installer must be licensed with this Department)
Address: _____ Phone: _____
6. Type of Building to be Connected: _____
7. Expected Date of Occupancy: _____

Signature of Applicant or Representative: _____

The above signed individual has read and understands all notices on the reverse of this application.

Number of Units: _____

Y branch or lateral is _____ feet _____ from manhole No. _____ Engineer: _____

ESTIMATED COSTS

Sanitary Service

Issuance: \$ _____
Inspection: \$ _____
Tap-In: _____
Review: _____
Assessment: _____
_____:

Total Due: \$ _____ **Amount Paid:** _____ **Date Paid:** _____

Comments:

Notes:

1. New construction must provide a driveway permit.
2. All permits expire one year from the date of issuance.
3. Owner/Installer shall check with Department of Water Resources for current charges.
4. 48 hours notice is required for all inspections. Failure to notify this department will result in service charges commencing on date of issuance of permit.
5. Inspection hours spent by Department personnel beyond normal working hours will be charged at one and one-half times the regular charge.
6. All inspections exceeding three hours shall be charged additional per hour inspection fees.
7. All billing commences on the date of approval by this department's inspector, unless Item #7 on front side has been filled in.
8. Unauthorized use of the sanitary system is subject to fines and/or prosecution.
9. Notify this office in writing of any changes in ownership or billing address.
10. In the event of emergency (water shortage, sewer backup, etc.):
7:30 AM & 4:30 PM call (GCDWR): 440-285-2222, 834-1856, or 564-7131 ext 1970
After 4:30 p.m. until 7:30 p.m. call 1-866-286-7292, or 286-7292 if not long distance.
11. Arrearages on billing cycle 5, if not paid by mid-October, will be certified as delinquent charges and collected with a 12% surcharge with the property taxes.
12. Any damage to the County System as a result of work related to this connection shall be the responsibility of the owner.
13. Access to the curb box, curb valve or cleanout to ensure proper operation, shall be the responsibility of the owner.
14. It is the responsibility of the owner/installer to acquaint themselves with all applicable rules and regulations.
15. Property Owner and/or Installer is responsible for verifying and obtaining all necessary permits including but not limited to a roadway permit from County Engineer, ODOT or Township Road Department and building permit.
16. Property Owner and/or Installer is responsible for contacting the Ohio Utilities Protection Service (OUPS) at least 48 hours prior to excavating.