



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: _____



Finance Department Form
City of Chardon
 111 Water St. Chardon, Ohio 44024
 Phone: (440) 286-2696 Fax: (440) 279-0903

Permit #: _____

Date: ____/____/____

Property Address: _____ Chardon, Oh 44024

Permanent Parcel No. _____ Subdivision _____ Lot# _____

Contractor Business Name: _____

Contact Name: _____ Phone () _____

Address: _____ City _____ ST _____ ZIP _____

Email: _____ Estimated Construction Cost: _____

Federal Tax ID No. / Social Security No: _____ Days on Job _____

Property Owner Name: _____ Phone () _____

Address: _____ City _____ ST _____ ZIP _____

Email: _____

APPLICATION FOR:

PLANNING & ZONING DEPARTMENT:

- | | |
|---|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Commercial Construction / Addition
Name of Business: _____ |
| <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Industrial Construction / Addition
Name of Business: _____ |
| <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Occupancy
Name of Business: _____ |
| <input type="checkbox"/> Deck/Patio | <input type="checkbox"/> Permanent Sign (wall/ground/projecting) |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pool | |
| <input type="checkbox"/> Fence | |
| <input type="checkbox"/> Garage | |

PUBLIC SERVICE DEPARTMENT:

- | | |
|--|--|
| <input type="checkbox"/> Demolition Notification | <input type="checkbox"/> Division of Water and Waste Water Work Permit |
| <input type="checkbox"/> Driveway/Parking Lot | <input type="checkbox"/> Street Work Permit |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Storm Sewer Work Permit |

You have been issued a municipal permit to perform work in the City of Chardon. The project is subject to Municipal Tax Regulations. A Closeout Sheet is required to be submitted and approved by the City of Chardon's Finance Department prior to any Certificates of Occupancy being issued by the City of Chardon.

Signature: _____ Date: _____

**CITY OF CHARDON
111 WATER STREET
CHARDON OH 44024
CLOSEOUT SHEET**

Please email Closeout Sheets to: braikes@chardon.cc

Date: _____

For questions call: 440-286-2696

Fax: 440-279-0903

City of Chardon Permit No: _____ Project Name & Address: _____

GENERAL CONTRACTOR

Company Name: _____ Phone No: _____

Address: _____

Print Name: _____ Signature: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

SUB CONTRACTOR(S)

Demolition

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Excavation

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Masonry

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Framing

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Roofing

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Siding

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Carpentry

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Insulation

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Electrical

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Sheet Metal

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Plumbing

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Heating / Air Conditioning

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Refrigeration

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

Drywall

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Painting

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Landscaping

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Others:

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: _____

Phone No: _____

Address: _____

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			