

Chardon



Public Works

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: _____

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

Date: _____

Please email closeout sheets to: braikes@chardon.cc
Any questions call: 440-286-2696

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

Total Number of Days Working

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

SUB CONTRACTOR

Demolition

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Excavation

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Masonry

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Framing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Roofing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Siding

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Carpentry

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Insulation

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Electrical

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Sheet Metal

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Plumbing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Heating / Air Conditioning

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Refrigeration

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Drywall

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Painting

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Landscaping

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Others

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)