

SUMMIT COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES
2525 STATE ROAD, CUYAHOGA FALLS, OHIO 44223
PERMITS SECTION
COMMERCIAL/INDUSTRIAL USER TYPE

Company Name: _____ Contact Person: _____
 Address: _____ Title: _____
 City and Zip Code: _____ Phone: _____

Only complete the section(s) applicable to your business.

	ITEM	NUMBER		
Assembly Hall	Seats	_____		
Bowling Alley (no food service)	Lanes	_____		
Church	Sanctuary Seats	_____		
Country Club	Members	_____		
Dance Hall	Capacity	_____		
Drive-In Theatre	Car Spaces	_____		
Factory (Manufacturing facility):				
Average number of employees per shift		1st	2nd	3rd
With showers	Employees	_____	_____	_____
Without showers	Employees	_____	_____	_____
Days worked per week	Number of days	_____	_____	_____
Food Service:				
24-hour restaurant	Seats	_____		
Ordinary "sit-down" restaurant	Seats	_____		
Banquet rooms	Seats	_____		
Restaurant located along freeway	Seats	_____		
Tavern (little food service)	Seats	_____		
Curb service	Car spaces	_____		
Vending machine restaurant	Seats	_____		
Grocery Store	Total area under roof (sq. ft.)	_____		
Hospital (no resident personnel)	Beds	_____		
Institution (residents)	People	_____		
Laundry (coin-operated)	Washing machines	_____		
Mobile Home Park	Spaces	_____		
Hotel	Units	_____		
Nursing and Rest Home	Patients	_____		
	Resident employees	_____		
	Non-resident employees	_____		
Office Building	Employees	_____		
Recreational Vehicle Park or Camground	Tent and trailer spaces	_____		
Retail Store	Employees	_____		
School - Elementary	Pupils	_____		
School - Jr. and Sr. High	Pupils	_____		
Service Station	Service bays and pump islands	_____		
Shopping Center	Total area under roof (sq. ft.)	_____		
Swimming Pool (with hot showers)	Average number of swimmers	_____		
Swimming Pool (without hot showers)	Average number of swimmers	_____		
Vacation Cottage park	People	_____		
Youth or Recreation Camp	People	_____		

**COMMERCIAL / INDUSTRIAL
WASTEWATER DISCHARGE DISCLOSURE DECLARATION (WDDD)
(Short Form)**

Please return completed form to:

County of Summit
Department of Environmental Services
2525 State Road
Cuyahoga Falls, OH 44223
Attn: Permits Section
Phone: (330) 926-2414 Fax: (330) 926-2470

1. Company Name: _____
Mailing Address: _____
Address of Premises: _____
Person to Contact: _____
Title: _____
Telephone Number: _____
Fax Number: _____

2. NAICS Code(s): _____

(Information on your NAICS Codes can be acquired by checking with the preparer of your Federal Income Tax Forms.)

3. Under normal operating conditions, what is the number of employees at this facility?

SHIFT	No. of Employees	Start/Finish Time
1st		
2nd		
3rd		

4. Description of business activity at the site:

5. Are any wastes other than sewage of human origin being discharged to the sanitary sewer system, i.e., cooling, clean-up, process wastewater, etc.? • YES • NO

If "YES", describe the wastewater being discharged to the sanitary sewer system, including an estimated discharge rate:

6. Raw materials used daily in process or manufacture of product (if applicable). Also list any stored liquids (INCLUDING OILS) at this service address.

7. Are there any floor drains inside the building? • YES • NO

8. What is the water consumption at this site?

CHECK YOUR MOST RECENT WATER BILLS
Units may be in gallons or hundred cubic feet (HCF). Billing period may be monthly or quarterly

SOURCE: _____
TOTAL: _____
UNITS: _____
PERIOD: _____

9. Describe any wastewater pretreatment equipment (if any), including grease traps: _____

10. Has a spill control plan been prepared for - and implemented at - this facility? • YES • NO

11. Company Comments: _____

The information contained in this application is familiar to me and to the best of my knowledge and belief, such information is true, complete, and accurate.

Name of Signing Official

Signature

Title

Date