

Ref #

Sanitary Sewer/Water Permit Application

County of Summit-Environmental Services

2525 State Road
Cuyahoga Falls, Ohio 44223
(330) 926-2414 1-800-821-8257

Do We Bill (Y/N) Split?

Was Owner Sent A Letter?

HIGHLIGHTED AREAS FOR OFFICE USE ONLY

Please Print

1. Construction Address:

House No.	Service Street	Twp/Vill/City
SubDivision Name & Phase		SubLot No.
Parcel No. (s)		

2. Legal Owner (s):

Owner's Full Name (s)	Phone No. (s)		
Owner's Address / P.O. Box	City	State	Zip

3. Previous Owner's Name (s):

4. Excavator: Phone No.

5. Road Opening Permit No. :

6. Type of Building : New Addition Existing

7. Type of Water Source :

8. Type of Dwelling to be Connected:

Single Family

Twinplex Triplex Apartment Condo

No. of One (1) Bedroom Units No. of Two (2) Bedroom Units

No. of Three (3) Bedroom Units No. of Four (4) Bedroom Units

Commercial Institutional Industrial Governmental

9. Agreement I am aware the connection requires the payment of tap-in charges, permit fees and over use fees. All connections of existing structure or newly constructed structures to the sanitary sewer system within the Summit County Metropolitan Sewer District shall be billed for sewage treatment sixty (60) days from the date of final lateral sewer inspection.

Contact Person Name	Phone No.	Signature-Owner/Agent
<input type="text"/>	<input type="text"/>	<input type="text"/>