



# Medina County Sanitary Engineers

791 W. Smith Road  
Medina, Ohio 44256  
Office: (330) 723-9581 or (330) 723-9599  
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## Residential Permit Application

### General Information

Services: \_\_\_\_\_ SEWER \_\_\_\_\_ WATER

#### Building Information: (Select Only One)

- \_\_\_\_\_ New Construction
- \_\_\_\_\_ Existing Structure
- \_\_\_\_\_ Building Addition
- \_\_\_\_\_ New Tennant
- \_\_\_\_\_ Demolition

#### Work To Be Completed: (Select Only One)

- \_\_\_\_\_ New Installation
- \_\_\_\_\_ Repair
- \_\_\_\_\_ Abandonment
- \_\_\_\_\_ Internal Plumbing
- \_\_\_\_\_ Interior Renovation

### Service Address

Address: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Unit#: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Parcel #: \_\_\_\_\_ City Lot/Sublot: \_\_\_\_\_  
Subdivision: \_\_\_\_\_

### Contact Information

**The Contact Name is the person who will be contacted to answer technical questions about the application.**

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Unit#: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

### Office Use Only

Account#: \_\_\_\_\_ Location#: \_\_\_\_\_

Please Enter The Billing Information for either an Individual or Business / Government / Non-Profit Account.

Billing Information		Customer Type: Individual
<b>Please note that the Name is the name that will be placed in our billing system. It will be accountable for all billings at this property.</b>		
Name:	_____	
Address:	_____	
Unit#:	_____	
City/State/Zip:	_____	
Email:	_____	
Phone:	_____	

Billing Information		Customer Type: Business, Government, or Non-Profit
<b>Please note that the Business Name is the name that will be placed in our billing system. It will be accountable for all billings at this property. If the property is owned by a Company, corporation or LLC, please provide the business name as well as the name of a managing partner or employee authorized to make decisions on this account.</b>		
Business Name:	_____	
Authorized Name:	_____	
Address:	_____	
Unit#:	_____	
City/State/Zip:	_____	
Email:	_____	
Phone:	_____	

The applicant acknowledges receipt of procedures to install new sewer and water service connections and agrees to abide by said regulations. Fees quoted by the MCSE's Permit Department are valid for 30 days from date of quote.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only			
<b>Forms Included With Permit Application</b>			
Sewer Form:	S-1: _____	Calculation Sheet:	Calc-1: _____
Water Form:	W-1: _____	Water Data Sheet:	D-Res: _____
Lot Improvement Map:	_____		
Account#:	_____	Location#:	_____

