Medina County Sanitary Engineers



791 W. Smith Road Medina, Ohio 44256 Office: (330) 723-9581 or (330) 723-9599 Fax: (330) 764-8349

Residential Permit Application

| General Information | | | | | | | |
|--|--------------------------------|---|--|--|--|--|--|
| Services: | SEWER | WATER | | | | | |
| Building Information: (Select Only One) | | Work To Be Completed: (Select Only One) | | | | | |
| New Construction Existing Structure Building Addition New Tennant Demolition | | New Installation Repair Abandonment Internal Plumbing Interior Renovation | | | | | |
| Service Address | | | | | | | |
| Address: Unit#: Parcel #: Subdivision: | | Municipality: Zipcode: City Lot/Sublot: | | | | | |
| Contact Information | | | | | | | |
| The Contact Name is | the person who will be contact | ed 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 | 1 | Customer Type: Individu | ıal |
|--|--|---------------------------------------|--|
| | ne Name is the name that will buble for all billings at this prope | | n. |
| Name: | | | _ |
| Address: | | | _ |
| Unit#: | | | _ |
| City/State/Zip: | | | _ |
| Email: | | | _ |
| Phone: | | | _ |
| | | | |
| | | | |
| Billing Information | 1 | Customer Type: Busines | ss, Government, or Non-Profit |
| It will be accountal If the property is o | ne Business Name is the name able for all billings at this prope owned by a Company, corporati ne of a managing partner or em | rty. ion or LLC, please provide th | ne business name |
| Business Name: | | | - |
| Authorized Name: | | | _ |
| Address: | | | - |
| Unit#: | | | _ |
| City/State/Zip: | | | _ |
| Email: | | | - |
| Phone: | | | - |
| | ges receipt of procedures to install new E's Permit Department are valid for 30 da | | s and agrees to abide by said regulations. |
| Signed by: | | Da | te: |
| Office Use Only | | | |
| Forms Included W | ith Permit Application | | |
| Sewer Form: | S-1: | Calculation Sheet: | Calc-1: |
| | W-1: | Water Data Sheet: | D-Res: |
| Lot Improvement Ma Account#: | aμ | Location#: | |

Medina County Sanitary Engineers Residential Water Meter Customer Data Sheet (Form D-Res)

| Service Address | | Contact Information | | | | | |
|--|----------|----------------------|---|-----------------------------|-----------------------------|--|--|
| Address: | | Name: Phone#: Email: | | | | | |
| Municipality: | | | | | | | |
| Zipcode: | | | | | | | |
| FIXTURE TYPE (Common Fixtures Listed Below) | | BER OF URES | TOTAL NUMBER OF FIXTURES | IPC LOAD VALUE | IPC TOTAL FIXTURE UNITS | | |
| | Existing | Proposed | | Total Hot and Cold | | | |
| Bathtubs (with or without shower): | | | | 1.4 | | | |
| Stand Alone Shower Stalls: | | | | 1.4 | | | |
| Dishwashers: | | | | 1.4 | | | |
| Sinks (each set of faucets) (kitchen/bath/other): | | | | 1.4 | | | |
| Toilets: | | | | 2.2 | | | |
| Washing Machine: | | | | 1.4 | | | |
| First Hose Bibb (Outside Spigot): | | | | 2.5 | | | |
| Each Additional Hose Bibb (Outside Spigot): | | | | 1 | | | |
| Other: | | | | | | | |
| Other: | | | | | | | |
| Note: All listed fixture values are from IPC Table 103.2(2). For Fixtures not listed, loads should be assumed by comparing the fixture to one listed using water in similar quantities and at similar rates. If GPM demand is known, use IPC Table 103.3(3). | | | Total Combined Fixture Value = | | | | |
| Additional Questions | ., | | | | | | |
| Does your home have a basement? Yes No | | | Is there a pond, creek, or lake within 50' of where you are running the water line service? | | | | |
| Does your home have a second story? Yes No | | | What type of heating system do you have in your home? Forced Air Boiler Geothermal Other | | | | |
| Fire Sprinkler System? Yes No Peak Demand (GPM): | | | If heating system is "Other", please describe below: | | | | |
| Lawn Irrigation System? Yes Peak Demand (GPM): | No _ | | If Boiler or Geothermal is it a separately contained system? Yes No | | | | |
| Will this water connection service any other buildings on the property?: Yes No Peak Demand (GPM) Description of "OTHER" Buildings: Use of "OTHER" Buildings: | | | | | | | |
| I affirm that the information given is accurate and ack and such determination is at the discretion of the Med | - | | r size and maximum water capac | city is based solely on the | information provided above, | | |
| Owner/Agent: | | | Date: | | | | |
| Office Use Only | | | | | | | |
| Total Fixture Value: Additional Flow: Total GPM: | | | | | | | |
| Connection Information | | | Tower Information | | | | |
| Service Address Elevation: | _ | ft. | Tower: | | | | |
| LINE Pressure PSI Maximum: | _ | | Tower Elevation Maxin | num: | ft | | |
| LINE Pressure PSI Minimum: | _ | | Tower Elevation Minim | um: | ft. | | |
| Tap Size | _ | | | | | | |