

APPLICATION/PERMIT FOR WATER / SEWER

VILLAGE OF EAST PALESTINE 85 NORTH MARKET STREET • P.O. BOX 231 EAST PALESTINE, OHIO 44413		Permit#
		Fee
PHONE: 330/426-4367 FAX: 330/426-7066		

CHECK ONE ITEM IN EACH BOX

<input type="checkbox"/> New	<input type="checkbox"/> Trailer	<input type="checkbox"/> Single-family dwelling <input type="checkbox"/> Other
<input type="checkbox"/> Remodel	<input type="checkbox"/> Module	
<input type="checkbox"/> Addition	<input type="checkbox"/> Mobile	

(Please type or print in ballpoint pen)

Owner		Phone No.	
Mailing Address		City	Zip
Location of Property			
Property Address		Township	
		Section No.	
Name of Applicant		Phone No.	
Address			

I hereby agree to comply with the Plumbing Regulations of the Village of East Palestine requirements of which have been made known to me.

I further agree to call for inspection of this work before it is covered. At least 48 hours notice for inspection is required.

_____ BACKFLOW PREVENTOR / EXPANSION TANK
_____ SEWER INSPECTION

For Office Use Only

Applicant's
Signature _____

Inspector's
Signature: _____

Date _____

Date: _____

RETURN ALL COPIES TO OFFICE