

VILLAGE OF CHAGRIN FALLS BUILDING & ZONING  
SEWER & RIGHT of WAY PERMIT APPLICATION  
21 West Washington Street Chagrin Falls, OH 44022  
Phone # 440-247-5050 Email: BUILDING@chagrin-falls.org

PERMIT NO.  
\_\_\_\_\_

Property Owner: \_\_\_\_\_ Address of job site: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Fee = \$ \_\_\_\_\_  
**PLUS**  
Cash Performance Bond  
Job Dependent Refundable  
**\$1000.00 to \$5000.00**  
\$ \_\_\_\_\_

Sanitary Sewer Lateral FEE (CF Ord. 1309.16) = \$75  
Storm Sewer Lateral FEE (CF Ord. 915.07) = \$50

All other work please contact Building Department for Fee Schedule

ALL CONTRACTORS MUST BE REGISTERED WITH THE VILLAGE BEFORE BEGINNING WORK.

Submit (1) copy of site / location plan on where work is being proposed; Description of materials being used; Depth of excavation & backfill materials listed.

Submit (1) set photographs of area of; work area, excavation, etc.

\*\* Depending on scope of work contractor may be charged a material charge for restoration.

Is the proposed work being done in the PUBLIC RIGHT OF WAY?  YES  NO  
IF YES cash performance bond may be required. Please Contact the building department for more information.

Work Being Done:

Sanitary Sewer  Storm Sewer  Water Line  Gas  Other: \_\_\_\_\_

Is this work being in done in conjunction with other work at this address? \_\_\_\_\_ If yes, list

General Contractor in charge of project. \_\_\_\_\_

Has Ohio Utilities Protection been notified?  Yes  No If Yes, Authorization No. \_\_\_\_\_

Types of surfaces that will be penetrated: \_\_\_\_\_

Work area limits: Length: \_\_\_\_\_ Width: \_\_\_\_\_

Approx. date when permanent & total restoration work will be completed: \_\_\_\_\_

Date work is to begin: \_\_\_\_\_ Date when work will be completed: \_\_\_\_\_

Does proposed work require transversing, removing or cutting of public sidewalks: \_\_\_\_\_

Do the work limits CROSS any village infrastruces?  Water  Sanitary Sewer  Storm Sewer

Does the work involve TYING INTO any village infrastruces?  Water  Sanitary Sewer  Storm Sewer

Please describe scope of work: \_\_\_\_\_

Contractor: \_\_\_\_\_ 24 HR Contact Phone #: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

Sub Contractor Name/Phone #/Email: \_\_\_\_\_

IS THE CONTRACTOR REGISTERED WITH THE VILLAGE OF CHAGRIN FALLS?  YES  NO

The contractor will be responsible for all signs, barricades and traffic control and MUST follow OSHA standards. If any closures of public property, i.e. streets, sidewalks, the contractor is responsible for notifying all effected property owners. This permit is also subject for approval from Police, Fire, Utilities and Service Departments.

Estimated Cost of Construction: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE:

Service approval: \_\_\_\_\_ Utilities approval: \_\_\_\_\_ PD approval: \_\_\_\_\_ FD approval: \_\_\_\_\_