

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: _____

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

Fee = \$ _____
PLUS
Cash Performance Bond
(Job Dependent Refundable)
\$1000.00 to \$5000.00
\$ _____

Is work being done in the Right of Way?

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: _____