



CITY OF BELLEFONTAINE • ENGINEERING DEPARTMENT

135 N DETROIT ST • BELLEFONTAINE, OHIO 43311
 ENGINEERING@CI.BELLEFONTAINE.OH.US
 (937) -593-0417

ALL FEES MUST BE PAID BEFORE WORK COMMENCES

UTILITY APPLICATION				
OFFICE USE ONLY DATE:	PERMIT #:	BOND FEE:	TOTAL FEE DUE:	
<input type="checkbox"/> STREET OPENING FEE: \$	<input type="checkbox"/> SIDEWALK/CURB/DRIVE FEE: \$	<input type="checkbox"/> SANITARY/ STORM FEE: \$	WATER FEE: \$	
STORM WATER		ERU'S:	CODE:	
APPLICANT: COMPLETE ALL APPLICABLE SPACES, PRINT CLEARLY AND FIRMLY TO MAKE ALL COPIES READABLE.				
JOB AND APPLICANT INFORMATION:				
WORK SITE LOCATION:				
OWNER:				
ADDRESS:			PHONE:	
CITY/STATE/ZIP:			EMAIL:	
CONTRACTOR:			CONT. REGISTRATION #:	
ADDRESS:			PHONE:	
CITY/STATE/ZIP:			EMAIL:	
BEFORE WORK BEGINS, THE ENGINEERING DEPARTMENT MUST CHECK TO SEE IF THERE ARE BOULEVARD TREES AND WHAT THE CONTRACTOR NEEDS TO DO TO KEEP FROM INJURING THEM. **ALWAYS CALL OUPS BEFORE YOU DIG 1-800-362-2764				
TYPE OF IMPROVEMENT: <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> REPAIR/REPLACEMENT				
STREET OPENING		POSITION IN RIGHT-OF-WAY		
NUMBER OF OPENINGS:	LENGTH:	WIDTH:	SQ. YARDS:	TOTAL:
<small>(SQUARE YARDS = LENGTH (FEET) TIMES WIDTH DIVIDED BY 9)</small>				
PURPOSE OF OPENING:				
SIDEWALK/CURB		TOTAL SQ. FEET (SIDEWALK)		LENGTH OF CURB
ADDITIONAL INFORMATION:				
DRIVEWAYS		TOTAL SQ. FEET ADDITIONAL INFORMATION		
SANITARY/STORM		ALL SANITARY PIPE SHALL BE ASTM D 3034 SDR 35. NO GLUED FITTINGS ARE PERMITTED.		<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> PLUG ON LIFT STATION
WATER		RESIDENTIAL: <input type="checkbox"/> MASTER METER <input type="checkbox"/> INDIVIDUAL METER <input type="checkbox"/> IRRIGATION METER COMMERCIAL/INDUSTRIAL: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE METER SIZE _____		
GENERAL INSTRUCTIONS				
INSPECTION: <input type="checkbox"/> REQUIRED: <input type="checkbox"/> BEFORE YOU COVER <input type="checkbox"/> AT COMPLETION <input type="checkbox"/> NOT REQUIRED				
INSPECTION DATE:	DRAWING #:		INSPECTOR:	
*NOTICE MUST BE GIVEN TO THE ENGINEERING DEPARTMENT 48 HOURS BEFORE INSPECTION IS REQUIRED. PLEASE CONTACT BOB MARKLEY (937) 539-8308 TO SCHEDULE INSPECTIONS. *				
BY SIGNING THIS APPLICATION, I AGREE TO COMPLY WITH THE STATED CONDITIONS LISTED. ALL WORK MUST COMPLY WITH STATE AND MUNICIPAL LAWS AND ORDINANCES AND IS SUBJECT TO INSPECTIONS BY THE CITY.				
APPLICANT'S SIGNATURE:				DATE:
OFFICE USE ONLY ENGINEER OR AUTHORIZED PERSON:				DATE: