CITY OF BELLEFONTAINE · ENGINEERING DEPARTMENT

135 N DETROIT ST · BELLEFONTAINE, OHIO 43311
ENGINEERING@BELLEFONTAINEOHIO.GOV
(937) -593-0417

ALL FEES MUST BE PAID BEFORE WORK COMMENCES

UTILITY APPLICATION

OFFICE USE ONLY DATE:	☐ SANITARY STORM FEE: $	☐ SIDEWALK/CURB/DRIVE FEE: $	PERMIT #:
☐ BOND FEE: $	☐ STREET OPENING FEE: $	☐ WATER FEE: $	TOTAL FEE DUE: $
STORM WATER	ERU'S:	CODE:	

APPLICANT: COMPLETE ALL APPLICABLE SPACES AND PRINT CLEARLY.

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: ☐ NEW SERVICE ☐ REPAIR/REPLACEMENT

STREET OPENING	POSITION IN RIGHT-OF-WAY			
NUMBER OF OPENINGS:	LENGTH:	WIDTH:	SQ. YARDS:	TOTAL:
(SQUARE YARDS = LENGTH (FEET) TIMES WIDTH DIVIDED BY 9)				
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.		☐ NEW ☐ REPAIR ☐ PLUG ☐ ON LIFT STATION	
WATER	RESIDENTIAL: ☐ MASTER METER ☐ INDIVIDUAL METER ☐ IRRIGATION METER COMMERCIAL/INDUSTRIAL: ☐ INSIDE ☐ OUTSIDE METER SIZE _____			
NOTES:				

GENERAL INSTRUCTIONS

INSPECTION: ☐ REQUIRED: ☐ BEFORE YOU COVER ☐ AT COMPLETION ☐ 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. *
WATER INSPECTIONS CONTACT BILL BRANAN (937) 407-0157

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: