



**Permit-to-Install/Plan Approval Application**

<i>FOR AGENCY USE ONLY</i>		
Date Received: / /	Application/Revenue ID:	Organization ID:
Document ID:	Place ID:	Check ID:
Check Date: / /	Check Number:	Check Amount:

**1. Project Name:**

---



---

**2. Applicant** (see note after signature)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**3. Application/Plans Prepared by:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**4. Billing Address** (if different than Applicant)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**5. Future Owner** (if different than Applicant)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) - Fax: ( ) - E-mail : \_\_\_\_\_

**6. Project Location**

Street Address or Location Description: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Municipality: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Determination: \_\_\_\_\_

**7. Brief Project Description:**

\_\_\_\_\_

**8. Will one or more acres be disturbed during construction of this project?**  Yes  No

If **Yes**, enter the date the NOI for coverage under the construction storm water NPDES permit was submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and the date coverage was granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9. Will wetlands be disturbed during construction of this project?**  Yes  No

If **Yes**, enter the date the 401/404 permit application was submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**10 a. Is this application part of a combined permit-to-install application?** (for example air + water)  Yes  No

**b. Has an application for a Class V injection well permit been submitted?**  Yes  No  N/A

If **Yes**, date submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**11. Compliance Status**

a. Will this project connect to a collection/treatment system that has a NPDES permit?  Yes  No

If **Yes**, list federal and state permit numbers:  
OH \_\_\_\_\_

b. Is this application filed in compliance with findings and orders, a consent decree, and/or NPDES permit schedule?  Yes  No

If **Yes**, effective date of the document containing the schedule: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**12. Compliance with 208 plan**

Does the project conform to the 208/201 plan for the area?  Yes  No  N/A

If **Yes**, has the engineer submitted supporting documentation?  Yes  No

**13. Designated Ohio, Wild, Scenic, & Recreational Rivers**

Is this project located within 1000 feet of a designated wild, scenic, and recreational river?  Yes  No

See <http://watercraft.ohiodnr.gov/scenicriversmap> for additional information

**14. Estimated Project Schedule:**

Beginning construction date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending construction date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Beginning operation date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**15. Project Cost:**

\*Installation/Construction Cost: \$ \_\_\_\_\_ (Mark one):  Actual  Bid  Estimate

Annual Operation/Maintenance Cost (if applicable - this project only): \$ \_\_\_\_\_

Are Water Pollution Control Loan Funds going to be used for this project?  Yes  No

If **No**, Funding Source: \_\_\_\_\_

*\*This is costs of the treatment/dispersal/collection system that will serve the project*



**20. Submittals:**

To be considered complete, this application must include the following unless otherwise directed by Ohio EPA:

- Four copies of the detail plans including profile and plan views of all sewers (shown on the same sheet), existing (as applicable) and proposed pump station facilities, incorporating all of the details outlined in Section 20.1, 20.2 and 20.3 of *Recommended Standards for Wastewater Facilities*.
- Two copies of complete technical specifications.
- Two copies of the Permit-to-Install Application including Form A, pertinent B & C form(s), and the antidegradation addendum (if applicable)
- Fee check payable to "Treasurer, State of Ohio."

**21. Signature of the Applicant:** (see Ohio Administrative Code 3745-42-03)

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.*

Typed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE (Who Must Sign):**

The person signing as "Applicant" is not the applicant's engineer or architect or any other person submitting the Permit-to-Install Application on behalf of the owner. The "Applicant" should be owner of the facility, business, corporation, company, etc. or the legal responsibly entity. It is not the engineer who prepared the plans.