

PERMIT/
APPLICATION

STORM/SANITARY
REPAIR OR
INSTALLATION



CITY OF WESTLAKE
ENGINEERING DEPARTMENT
27700 HILLIARD BLVD.
WESTLAKE, OHIO 44145
PHONE (440) 617-4145
FAX (440) 617-4189

APPLICATION DATE:

TOTAL: \$ _____

CONTRACTOR INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

PROPERTY/OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

TYPE OF WORK BEING DONE	CHECK ITEM TO BE WORKED ON
BACKFLOW VALVE ON SANITARY LINE	
CLEANOUT INSTALLATION	
DOWNSPOUT REPAIR	
EXTERIOR CROCK INSTALLATION	
EXTERIOR SUMP PUMP INSTALLATION	
SANITARY LINE REPAIR - # FEET _____	
STORM LINE REPAIR - # FEET _____	

CONTRACTOR: Please Draw Scope of Work on the Backside of this paper

No Conditions _____

APPROVED

Approval Date: _____

Conditions Attached

Dye Testing Date: