

**APPLICATION FOR ZONING CERTIFICATE
CITY OF CLYDE, OHIO**

FORM NO. 101

Application No. _____

TO BE COMPLETED BY APPLICANT:

Date _____

Owner: Name _____ Phone _____

Address _____

Applicant: Name _____ Phone _____

Address _____

Location of Property _____ Present Use _____

Proposed Use: New Building _____ Addition _____ Shed/Garage/Barn _____ Fence _____

Porch/Deck _____ Pool _____ Sign _____ Business _____ Land/Bldg Use Change _____

Other _____ Remarks _____

Proposed Structure:

Location _____ Dwelling Units/Bldg _____

Size _____ Total Buildings _____

Height _____ Estimated Cost \$ _____

Contractor Name _____ Phone _____

Address _____

Attachments (If required)

_____ Form 401 Application New Water Service Connection

_____ Form 501 Sewer Application

NOTE: Developer, Contractor or builder is responsible for contacting Ohio EPA to assure compliance with existing water/sewer regulations.

Signature _____

TO BE COMPLETED BY ZONING OFFICER

Proposed Use: Permitted _____ Conditional Use _____ Nonconforming _____

Zoning Certificate: Issued _____ Denied _____ Reason if denied _____

Application No. _____ Zoning District _____

Inlot - Outlot No. _____ Flood Plain Yes _____ No _____

Fees: _____

Zoning Officer or City Manager *Date*

BOARD OF ZONING APPEALS Date Appeal Filed _____

Action Requested Review _____, Variance _____, Conditional Use _____

Action Taken Granted _____, Denied _____: Reason _____

Date Approved _____ Effective Date _____

CLYDE CITY COUNCIL APPEAL Date Appeal Filed _____

Action Requested Review _____, Variance _____, Conditional Use _____

Action Taken Granted _____, Denied _____: Reason _____

Date Approved _____ Effective Date _____

**APPLICATION FOR NEW
WATER SERVICE CONNECTION
CITY OF CLYDE, OHIO**

FORM NO. 401

Owner: Name _____ Date _____

Address _____ Phone _____

Location of Property _____

Contractor Name _____ Phone _____

Customers who request a new service connection must first submit to the Water Distribution Department at 606 S. Church St. (corner of Elm St.), a drawing or blueprint of the plumbing to and including the interior of the premises.

READ CAREFULLY

The information you submit should contain the following:

1. Location (Street Address)
2. Proposed tap size
3. Date Needed
4. Type of premise: single family, multiple-family dwelling, commercial, industrial
5. List all plumbing fixtures to be hooked up.
6. Show the location of you water meter setting
7. Size and material of your service line
8. Approximate distance from the center of the roadway to the wall that will contain your meter setting.
9. List any planned water use outside the premises, such as swimming pools, lawn sprinklers, etc.

You will then be asked to fill out a City of Clyde Backflow Questionnaire. See Form 403

Plans Approved: _____ Date: _____

Plans Rejected: _____ Date: _____

Comments: _____

Attachment: Grid Paper

CC: Service Department _____ Date _____ Init _____

BACKFLOW QUESTIONNAIRE

INSTRUCTIONS FOR FILING ADDITIONS

FORM 402

Customers who request a new service connection must first submit to the Water Distribution Department a sketch or blueprint of the plumbing to and including the interior of the premises.

Customers must also fill out a Backflow Questionnaire - See Form 403.

These two steps must be completed before the water tap is made.

With this information, the Water Distribution Department can use the questionnaire to do the as built survey, which is required before the water service can be turned on. By following this procedure, we can eliminate unapproved meter settings, cross connections and be assured separate shut-offs for multi-family dwellings. We need this procedure to get the Backflow and CrossConnection Program started.

BACKFLOW QUESTIONNAIRE - INSTRUCTIONS FOR FILING

Each residence or service connection to the public water supply should initially be surveyed using the Clyde Water Distribution Backflow Questionnaire. New service connections should complete the form at the same time the request is made for the water tap. Existing service connections should be surveyed by Water Distribution personnel using the questionnaire to document information obtained from the survey.

The questionnaire is fairly self-explanatory, but as much as possible should be filled out by Water Distribution employees. The owner's name and address should be complete, along with the meter size and type of service provided to the building. The number of service connections should be noted. If building requires to have continuous service, it should be so noted and also should require a bypass line on the backflow system. The questionnaire is designed to provide information on both domestic water and water use for fire protection. The type of premise should be indicated and what the water is used for within the building is checked to see if there is a pipe connection to the water supply. This is also true of the cooling system.

If the residence has a lawn sprinkling system, it should be noted. If the residence has a swimming pool, whirlpool or jacuzzi, it should be noted and defined how these facilities are filled with water. If the residence has a dishwasher, garbage disposal or soap eductor, it should be so noted on the form. If the facility has auxiliary water service, it should be so noted and explained what type and also determine if City water is used to fill the auxiliary storage.

Commercial/industrial dwellings usually have a fire protection system and the type of system should be noted. If any part of the fire protection system contains antifreeze legs, it should be so noted. If the owner installs and maintains a fire hydrant for their own use, it should be so noted and determined if the drain ports are plugged. If the fire protection system uses auxiliary pumps with a pipe connection to the water supply, note the type and capacity and also determine if there is a low pressure cut-off device. If auxiliary storage is used for the fire protection system, please note the type and capacity.

The date of the survey should be included on the form along with the person's name who completed the form. The bottom portion of the form is for City use only and documentation is noted after determining the type of backflow preventor to be used. If existing backflow devices are present in the owner's plumbing system, list the type, manufacturer and size. The questionnaire should be signed by the City Manager or his appointed representative and dated showing that the device noted on the questionnaire is the approved device to be used for installation.

NOTE: For those service connections where a survey cannot be conducted nor entrance to the building obtained, a copy of the questionnaire will be mailed to the property owner along with the instructions and should be completed and returned. Enclosed is a sample of the Water Distribution Backflow Questionnaire

BACKFLOW QUESTIONNAIRE

CITY OF CLYDE, OHIO

FORM 403

(Required for all Water connections, new or renewal)

OWNER: _____ METERED: Yes - No

ADDRESS: _____ METER SIZE _____”

TYPE OF SERVICE: _____Residential, _____Commercial, _____Industrial,
_____Residential/Commercial,
_____Fire, _____ Combined Fire/Domestic, _____ Any other water source (list)

NO. OF SERVICE CONNECTIONS: _____ 24 HR CONTINUOUS OPERATIONS: _____Yes
_____ No

BYPASS LINE REQUIRED ON BACKFLOW SYSTEM _____Yes _____ No

DOMESTIC WATER _____YES _____ NO

TYPE OF PREMISE: _____Single Family, _____Multiple Dwelling: # of Units _____

SPRINKLER HEADS SUPPLIED FROM CITY WATER: _____Yes _____ No

WATER USED FOR: _____Processing, _____Product, _____Cooling, _____Sanitary,
_____Culinary/Drinking,
_____ Other

list: _____

TYPE OF HEATING: _____Forced Air, _____Electric, _____Solar, _____Heat Pump, _____Boiler
Steam or Hot Water?

CHEMICAL TREATMENT: _____Yes _____ No

TYPE OF COOLING: _____Air Conditioning, _____Cooling Tower, if so is there an air-gap at supply
_____Yes _____ No

CHEMICAL TREATMENT: _____Yes _____ No

LAWN SPRINKLER SYSTEM: _____Yes _____ No

SELF-DRAINING HYDANTS, FOUNTAINS, HOSE BOXES: _____Yes _____ No

BAPTISTRY: _____Yes _____ No If so, method of fill _____

SWIMMING POOL: _____Yes _____ No If so, filled by : _____Hose , _____Piped Connection
If piped connection, is there an air-gap at: _____Pool, _____Filter, _____Other _____

DISHWASHER: _____Residential, _____Commercial, _____None

SOAP EDUCTORS: _____Yes _____ No

No If so, is there a piped connection ____Yes ____ No

WHIRLPOOL: ____Yes ____ No

No If so, filled by: ____Hose, ____Piped Connection, ____Deck Faucet,
____Other: List _____

No TYPE: ____Gravity Tank, ____Pressure Tank,
____Covered Reservoir, ____Uncovered Reservoir

AUXILIARY WATER SERVICE FILLED WITH CITY WATER: ____Yes ____ No
IF SO WHERE FROM _____

FIRE PROTECTION: ____Yes ____ No

ANTI-FREEZE PLUGS: ____Yes ____ No

YARD FIRE HYDRANTS: ____Yes ____ No

YES, do hydrants have self-draining ports tapped and plugged: ____Yes ____ No

PUMPS USED: ____Yes ____

Low pressure cutoff switch provided: ____Yes ____ No

ANTIFREEZE LEGS: ____Yes ____ No

TYPE: ____Gravity Tank, ____ Pressure Tank, ____Covered Reservoir, ____Uncovered Reservoir ,

PREPARED BY: _____

DATE: _____

requires this form to be resubmitted for each application.

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FOR CITY USE ONLY

____Double Check, ____ Detector Check ____Double Check/Detector Check

EXISTING BACKFLOW

IF SO, TYPE _____

MANUFACTURE _____SIZE _____

SERVICE NO. _____

ACCOUNT NO. _____

