



APPLICATION FOR ZONING CERTIFICATE

CITY OF CLYDE, OHIO

222 N. Main St. Clyde OH 43410

Zoning Office (419) 547-3587

FORM NO. 101

Application No. _____

Date _____

Owners Name: _____ Phone _____

Address _____

Applicant Name: _____ Phone _____

Address _____

Location of Property: _____ Present Use _____

Circle the Proposed Use: New Building Garage Shed Addition Fence Pool (Above ground or in ground)
Sign Porch/Deck (with roof or without roof) Home Occupation (Business) Use Change _____
Other: _____

Proposed Structure:

Location: (Front/Side/Rear) _____ Dwelling Units/Bldg _____

Size of Strucrure or Sq. Ft. _____ Total Buildings: _____

Height Ground to Highest Point _____ Estimated Cost: \$ _____

Contractor Name _____ Phone _____

Address _____

Attachments (If required) Commercial, Industrial, Public & Multi-Family are subject to State Building Permit Requirements
____ Form 401 Application New Water Service Connection

____ Form 501 Sewer Application NOTE: Developer/Contractor/Builder is responsible for contacting the Ohio EPA to comply with existing water/sewer regulations. Site Plan must accompany all applications. Setbacks measured from outside wall to property line, unless overhang is greater than 4 ft. Addresses must be put on all Residences & new Commercial & Industrial Buildings.

Signature _____

TO BE COMPLETED BY ZONING OFFICER

Proposed Use: Permitted _____ Conditional Use _____ Nonconforming _____

Zoning Certificate: Issued _____ Denied _____ Reason if denied _____

Application No. _____ Zoning District _____

In lot – Out lot No. _____ Flood Plain: Yes _____ No _____

Fees: _____

Zoning Inspector 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 a drawing or blueprint of the plumbing, including the interior of the premises to the:

**Environmental Services Department
209 Watertower Drive
419-547-8090**

READ CAREFULLY The information you submit should contain the following:

1. Location (Street Address) _____
2. Proposed tap size (**3/4 inch**) _____
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 your water meter setting
7. Size and material of your service line (**Normal Residential is 3/4 inch**) _____
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 Cross-Connection Backflow Questionnaire**.
See Form 402 and 403

Plans Approved: _____ Date: _____

Plans Rejected: _____ Date: _____

Comments:

Attachment: Grid Paper

CC: Environmental Services Department Date: _____ Init _____

Revised 02/28/2017



CROSS-CONNECTION - BACKFLOW QUESTIONNAIRE INSTRUCTIONS FOR FILING ADDITIONS CITY OF CLYDE, OHIO

FORM NO. 402

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

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

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

With this information, the Environmental Services 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 Cross Connection Program started.

CROSS-CONNECTION BACKFLOW QUESTIONNAIRE - INSTRUCTIONS FOR FILING

Each residence or service connection to the public water supply should initially be surveyed using the Clyde Water Distribution Cross-Connection 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 having continuous service, it should also be 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 that completed the form. The bottom portion of the form is for City use only and documentation is noted after determining the type of backflow preventer 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



QUESTIONNAIRE
CROSS-CONNECTION - BACKFLOW CONTROL
CITY OF CLYDE, OHIO

(Fill Out Form and Check all Boxes that Apply)

FORM NO. 403

PREMISE ADDRESS: _____ OWNER: _____ PHONE: _____ OTHER: _____

APPLICANT (IF NOT THE OWNER): _____ COMPANY: _____ ADDRESS: _____

ZIP: _____ PHONE: _____ NO. OF SERVICE CONNECTIONS NEEDED: _____ SIZE: _____ 24 HOUR CONTINIOS USE: YES: _____ NO: _____

TYPE OF SERVICE: RESIDENTIAL: _____ COMMERCIAL: _____ INDUSTRIAL: _____ RESIDENTIAL/COMMERCIAL COMBINED: _____ FIRE: _____

ANY OTHER SOURCE OF WATER ON THIS PREMISE: YES: _____ NO: _____ IF YES, IS IT: WELL: _____ CISTERN: _____ OTHER DESCRIBE: _____

DOMESTIC WATER INFORMATION

TYPE OF PREMISE: SINGLE FAMILY DWELLING: _____ MULTI- FAMILY DWELLING: _____ IF MULTI- FAMILY HOW MANY UNITS: _____ NO. STORIES: _____

WATER WILL BE USED FOR: CULINARY/DRINKING: _____ SANITARY: _____ MAKING A PRODUCT: _____ COOLING: _____ OTHER: _____

TYPE OF HEATING: FORCED AIR GAS: _____ ELECTRIC: _____ SOLAR: _____ HEAT PUMP: _____ OTHER DESCRIBE: _____

WILL THERE BE ANY BOILERS IN USE: YES: _____ NO: _____ IF YES, ARE THEY: STEAM: _____ HOTWATER: _____ CHEMICAL TREATMENT: YES: _____ NO: _____

TYPE OF COOLING: RESIDENTIAL AIR CONDITIONING: _____ COMMERCIAL AIR CONDITIONG: _____ IS ANY WATER PIPED TO AIR CONDITIONING: YES: _____ NO: _____

ANY COOLING TOWERS: YES: _____ NO: _____ IF YES, IS THERE AN AIR GAP AT WATER SUPPLY: YES: _____ NO: _____ ANY CHILLERS: YES: _____ NO: _____

ANY LAWN SPRINKLER SYSTEM: YES: _____ NO: _____ ANY SELF DRAINING YARD HYDRANTS: YES: _____ NO: _____ ANY FOUNTAINS: YES: _____ NO: _____

SWIMMING POOL: YES: _____ NO: _____ IF YES IS POOL FILLED BY: PIPED CONNECTION: _____ HOSE CONNECTION: _____ OTHER: _____

DISHWASHER: YES: _____ NO: _____ RESIDENTIAL: _____ COMMERCIAL: _____ IF COMMERCIAL, IS THERE SOAP EDUCTORS: YES: _____ NO: _____

GARGAGE DISPOSAL: YES: _____ NO: _____ RESIDENTIAL: _____ COMMERCIAL: _____ ANY WATER PIPED TO THE GARBAGE DISPOSAL: YES: _____ NO: _____

JACUZZI OR WHIRLPOOL: YES: _____ NO: _____ IF YES IS IT FILLED BY A PIPED CONNECTION: YES: _____ NO: _____ DECK FAUCET: YES: _____ NO: _____

ANY PUMPS USED FOR COLD WATER: YES: _____ NO: _____ IF YES CAPCITY IN GPM: _____ ANY HOT WATER PUMPS: YES: _____ NO: _____ IF YES CAP GPM: _____

ANY AUXILARY WATER STORAGE: YES: _____ NO: _____ IF YES IS IT: RESERVOIR _____ ELEVATED TANK: _____ POND: _____ FILLED BY CITY WATER: YES: _____ NO: _____

ADDDITIONAL INFORMATION: _____

FIRE PROTECTION

TYPE OF SYSTEM: NONE: _____ DRY SPRINKLER: _____ WET SPRINKLER: _____ DRY RISER: _____ WET RISER: _____ HOSE CABINETS: _____ OTHER: _____

ANY ANTI-FREEZE LEGS IN THE SYSTEM: YES: _____ NO: _____ ANY PRIVATELY OWNED FIRE HYDRANTS ON THE PROPERTY: YES: _____ NO: _____

ANY KIND OF PUMPS USED ON THE FIRE SYSTEM: YES: _____ NO: _____ IF YES TYPE & CAPACITY IN GPM: _____

ANY AUXILIARY WATER STORAGE FOR FIRE PROTECTION SYSTEM: YES: _____ NO: _____ IF YES, TYPE AND CAPACITY IN US GALLONS: _____

WHAT ARE YOUR WATER REQUIREMENTS IN GPM FOR FIRE PROTECTION: _____ ADDITIONAL INFORMATION: _____

TO BE SIGNED BY PERSON MAKING APPLICATION FOR WATER SERVICE AND/OR METER

I hereby certify that I am acting as an agent for the owner of the premises listed, with his full knowledge and consent, and that all information furnished is complete and correct. As the owner or agent I further acknowledge that incomplete or incorrect information may result in an additional or different requirement insofar as backflow prevention devices at the water service connection are concerned. I certify that only solder containing .2 percent or less lead will be used on the plumbing of the water service.

SIGNATURE OF APPLICANT: _____ COMPANY: _____ DATE: _____

=====

FOR CITY OF CLYDE USE ONLY

_____ NO BACKFLOW PREVENTION DEVICE REQUIRED

REVIEWER'S SIGNATURE: _____ DATE: _____

_____ INCH RPZ DEVICE REQUIRED AT: _____

REMARKS: _____

_____ AIR GAP REQUIRED AT: _____

_____ DOUBLE CHECK REQUIRED AT: _____



FORM NO. 404

THERMAL EXPANSION NOTICE CITY OF CLYDE

THERMAL EXPANSION PREVENTION DEVICES NEED FOR INSTALLATION

Your service line has or will have check valves or a backflow prevention device installed. The installation of these devices creates a closed water system and the possibility of Thermal Expansion in your plumbing system. Thermal Expansion occurs whenever water recovers from cold to hot in a closed system that does not allow water to return to the Public Supply. Excessive pressure could build up in your plumbing system. If this occurs, there could be a chance of injury, damage to plumbing and rust deteriorated surfaces, or pressure relief discharge at the water heater.

It is recommended that you contact a Licensed Plumber to have a Thermal Expansion Control Device installed. Instructions for a typical installation to be used for planning purposes are available on request from **City of Clyde Environmental Services Department, 419-547-8090**. The Ohio Basic Building Code for plumbing installations can also be referenced and is available at public libraries, or for purchase at the Sandusky County Health Department. Permits may be needed in the future to install plumbing, and may include water heaters and Thermal Expansion Devices. It is best to contact the agency that has regulating authority for technical questions.

The Ohio Basic Building Code, Plumbing; Section 608 (4101:2-61-08), "Hot Water Supply System", Sub-Section 608.3.2, "Backflow Prevention Device or Check Valve" specifies that:

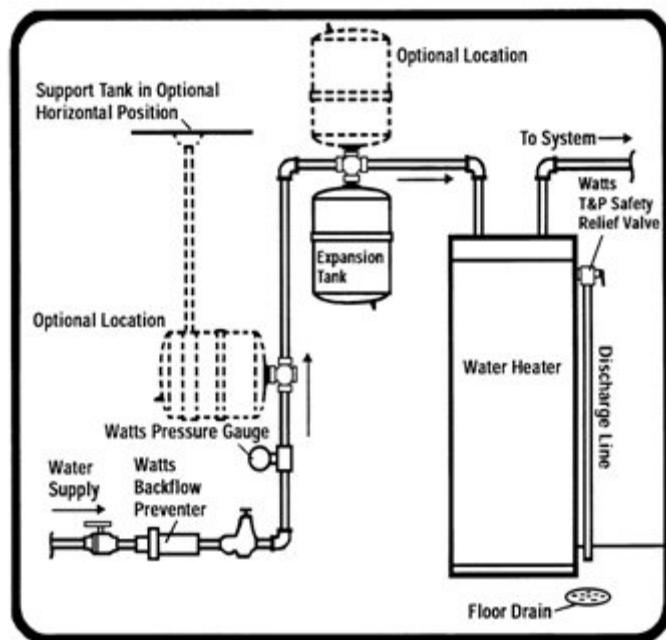
"Where a backflow prevention device, check valve, or other device is installed on a water supply system utilizing storage water heating equipment such that thermal expansion causes an increase in pressure, a device for controlling pressure shall be installed."

Thermal expansion of heated water may occur wherever potable water is heated in a closed system. Uncontrolled thermal expansion usually results in leaking faucets or burst washing machine supply hoses, but may result in collapse of the vent pipe on gas-fired water heaters or violently burst water heaters in extreme cases.

An expansion tank is designed to absorb thermal expansion that may be created by the hot water heater, if a water user's potable system is closed with a containment principle backflow prevention assembly, a check valve or a pressure reducing valve without an internal bypass.

The expansion tank must be installed in the cold water service piping on the supply side of the hot water heater prior to any control valves. The size of the expansion tank is based upon the size of the hot water heater.

EXPANSION TANK INSTALLATION





CITY OF CLYDE WATER DISTRIBUTION SERVICE LINE SPECIFICATIONS RESIDENTIAL

FORM NO. 405

1. No excavation can be started until you have called OUPS (Ohio Utilities Protection Service), 800-362-2764, at least 48 hours in advance, excluding weekends and holidays. Know your OUPS number, you will be asked for it by the inspector.
2. You must have your tap fees paid and have filled out a Cross-Connection Backflow Control Questionnaire. Existing water line renewals require no tap in fees. Forms are available and fees are to be paid at the Clyde Municipal Building, 222 N. Main St., Clyde OH 43410, by going to the Zoning Office on the second floor.
3. If you have existing auxiliary water, (well or cistern) please read attachments one, two and three carefully. As outlined in these attachments, no cross connections of a private water system and a public system will be permitted. [Attachment One: 3701-28-07 of the Ohio Revised Code](#) and [3701-28-071 of the Ohio Revised Code](#) outlines the procedure for sealing private water systems. [Attachment Two Code Section 929.05 Contamination of Public Water Supply](#). [Attachment Three: Environmental Services Document 115](#) deals with thermal expansion devices.
4. Residential water lines shall be **K copper** as outlined in the Clyde Code of Ordinances. Bury depth on water lines is 48".
5. Meter yoke is furnished by the City and becomes part of the inside plumbing. Installation of the yoke is the responsibility of the owner. You are required to have two ball valves each located approximately 12" upstream and downstream of the meter setting.
6. Meters shall be located to be protected from freezing and must be easily accessible. They are not to be placed in crawl spaces or unheated areas such as garages. All meter locations must be approved by the water department.
7. Curb stops are to be operated by city employees only.
8. The property owner shall be responsible for the installation; location and expense of all plumbing needed to install backflow preventers and associated devices.
9. **Inspection: Before you do any backfilling of the water connection, call the Environmental Service Department at 419-547-8090 for an inspection.** A minimum of twenty-four (24) hours notice must be given. During the inspection we will be checking all the household water connections. Inspections must be Monday through Friday, 7:00 AM to 3:00 PM. A report on the inspection will be forwarded to the Sandusky County Department of Health.



CITY OF CLYDE AUXILIARY WATER SYSTEM COMPLIANCE INTENT FORM

FORM NO. 406

In accordance with the City of Clyde Code Section 929.04 and the Ohio Administrative Code, properties with an auxiliary water system (as defined by the Ohio Environmental Protection Agency) on or available to the property shall be subject to the requirements listed below.

1. The auxiliary and public water system **shall never be physically connected.**
2. The premise piping will be inspected at installation and every 12 months thereafter.
3. Any connections found between the auxiliary water system and the public system will change the backflow requirements for the property and be a violation of Code Section 929.04.

PROPERTY ADDRESS: _____

I plan to keep my well and comply with City Codes.

I plan to abandon my well per Ohio Revised Code 3701-28-07 for sealing private water systems.

No well on the property

I hereby certify that I am the owner or acting as agent for the above listed property, with full knowledge and consent. I understand the above and accept full responsibility that the listed property will be in compliance with Backflow Prevention Codes, Rules and Regulations.

Signature: _____ Date: _____

Print Name: _____ Day Phone No: _____

Return to: City of Clyde
Zoning Dept.
222 N. Main Street
Clyde, Ohio 43410



APPLICATION FOR SANITARY SEWER SERVICE CONNECTION CITY OF CLYDE, OHIO

FORM NO. 501

I, _____, the undersigned hereby make application to the City of
Please Print Legibly

Clyde, Ohio for sewer service at the following described premises:

Address _____

In lot – Out lot No. _____ Size of Tap _____ inch

No. Of Connections _____ Check one: New ____ – Renewal ____

Contractor _____

Permit No. _____ Service No. _____

Signature

Date

Inspected by: _____ Date _____

NOTE: Contact the Environmental Services Department 419-547-8090 when sewer connection is ready for inspection **BEFORE BACKFILLING**

DISTRIBUTION:

Environmental Services Department to complete the form and return one copy to the City Zoning Office



CITY OF CLYDE ENVIRONMENTAL SERVICES RESIDENTIAL SEWER CONNECTIONS

FORM NO. 502

No excavation can commence until you have called OUPS at least 48 hours in advance, not including weekends and holidays. Know your OUPS number, you will be asked for it by the inspector. The OUPS phone number is 800-362-2764.

No excavation can commence until you have paid your required tap fees to the City of Clyde.

Taps: All taps must be made with a saddle. The hole in the main will have a diameter equal to that of the hole in the saddle and be cut with a power tool.

Saddles will either be PVC attached with liquid solvent and glued, or Elastomeric Flexible. Both must be attached with stainless steel clamps and be water tight.

Taps and sewer laterals should be located to maintain a minimum of ten (10) feet of separation from any water service or water supply.

No taps will be permitted into manholes.

Sewer size and type of material: The size of the house connection shall be six inch. Four-inch house connections may be approved in certain instances. All laterals will either be SDR-35 or SDR-40, with watertight joints. Modern sewer cleaning equipment will not function if 90-degree bends are used (*always use 45-degree bends*).

Slope: Slope to be sufficient to maintain satisfactory velocity of flow. Minimum velocity is 2 feet per second. Preferable velocity is 3 to 5 feet per second. Minimum slope required for 4 or 6 inch is 1.00%.

Depth: Laterals to be extended from the mains over 10 feet deep, where the property being served does not require the full depth, may be brought up to grade by the use of a 45 and riser pipe. Laterals less than 8 feet deep will be extended on a straight uniform grade from the main to the point of terminus. At no time can a sewer lateral have less than two feet of cover.

Bedding: Material shall be 57's, as specified to twelve inches above the pipe. Road surfaces and extending six feet out of the road surface shall be backfilled with 9-W material topped with one foot of 411 berm stone.

Road Repair: Road repair following standard engineering and ODOT practices is the responsibility of the contractor. You must post a road cut bond of \$100.00 before any excavation in any road, street, or alley. Person's not completing road repairs in thirty (30) days, shall result in the forfeiture of the \$100.00 and the City shall complete those repairs and recover all costs.



Septic or Sewage Tank: Once connected to the sewer, the existing tank must be emptied by a registered septic hauler and abandoned. After the tank is pumped, it must be collapsed and filled with stone and/or dirt. Septic tanks, aerobic units, leaching tanks, sampling ports and splitter boxes must also be abandoned. [Ohio Administrative Code 3701-29-17-D](#) requires that anyone who abandons a sewage treatment system notify the Board of Health in writing. The Sandusky County Board of Health may be contacted at (419)334-6377.

Sandusky County Septic Haulers

A'1 Sewer & Drain, Inc., 2610 SR 61 S, Norwalk, Ohio 44857 (419-663-3403)

Adkins Sanitation LTD, 2226 W. Garrison St., Fremont, Ohio 43420 (419-332-2873)

Bluffton Aeration Svc, Inc., 9485 Shifferly Rd., P O Box 209, Bluffton, Ohio 45817 (419-358-1936)

C & L Sanitation Inc., PO Box 691, Perrysburg, Ohio 43552 (419-874-4653)

Clean Water Service Inc./DBA CWS Environmental, 1394 Bellard Drive, Bowling Green, Ohio 43402 (419-352-6870)

Darr's Cleaning, 5089 CR 175, Clyde, Ohio 43410 (419-547-0410)

Garner Sanitation Services, Inc., 2525 West Monroe St., Sandusky, Ohio 44870 (419-625-8764)

Jim Dennis Construction & Sanitation, 1201 Siler St, Fremont, Ohio 43420 (419-332-8026)

NAT Transportation Inc., 11101 Pemberville Rd., Bradner, Ohio 43406-3143 (419-288-2082)

Discharged Water: Clean water connections, such as roof drains and foundation drains, will be prohibited from connecting to the sanitary sewer. No contaminated water or sewage of any kind can be discharged or connected to a storm drain. Any plumbing connections from toilets, lavatories, bathtubs, laundry sinks, washing machines, or basement floor drains must be connected to the sanitary sewer.

Clean Outs: Locate your clean out to grade and make it accessible from the outside. Normally this is just outside the foundation of your building.

Inspection: [Before you do any backfilling of the sewer connection, or the abandoned septic tank, call the Environmental Service Department at 419-547-8090 for an inspection.](#) A minimum of twenty-four (24) hours' notice must be given. During the inspection we will also be checking the household plumbing connections. Inspections must be Monday through Friday, 7:00 A.M. to 3:00 P.M.