

Village of Greenwich

DR

45 Main St. Greenwich, Ohio 44837 (419) 752-2441

SUBLOT POINT OF DISCHARGE INSPECTION REPORT - FORM DR
(POINT OF DISCHARGE INSPECTION REPORT)

NOTE: NO CONSTRUCTION SHALL BEGIN WITHOUT APPROVAL

Address of Permit: _____ Property Owner Name: _____ Property Owner Phone #: _____ Contractor Name: _____ Street Address: _____ City, State, Zip: _____ Office Phone #: _____ Contact Name: _____ 24 Hr # (Mobile): _____	<p align="center">Contractor</p> Licensed in Village of Greenwich? Y / N Name: _____ Contact: _____
Estimated Start Date: _____ Size of Building: _____ # Bedrooms/Employees: _____ Grinder: _____ Septic Tank Size: _____ Additional Information: _____ _____ _____	<p align="center">District</p> The undersigned hereby applies for a zoning certificate in the following district: <input type="checkbox"/> Residential (R) <input type="checkbox"/> Business/Commercial (BC) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Mobile Home (MH) <input type="checkbox"/> Park (P) <input type="checkbox"/> Other (Note use) _____

Applicant Certification:
 The undersigned applicant hereby states that the information contained in this application is true. Installation is to be made in accordance with plans and specifications provided by the Village. All installations must be inspected by the Village prior to backfilling. The village will require removal of all soil/cover to inspect the system should backfilling take place prior to inspection and approval. Liability for proper operation and maintenance rests with the owner.

Applicant _____ Date _____

Additional Information Required:

\$ _____ FEE Site Plan
 \$ _____ Deposit (Professional Review) Contact OUPS

Additional Comments from Village: _____

Village Approval

_____ Approved
 Village Administrator _____ Date _____ Approved, as noted (See Attached)
 Denied