## Kathy Catazaro-Perry, Mayor

## **CITY OF MASSILLON, OHIO**

**151 LINCOLN WAY EAST MUNICIPAL GOVERNMENT ANNEX CITY ADMINISTRATION BUILDING MASSILLON, OHIO 44646** PHONE 330-830-1722 FAX 330-830-1786

|        | 201500003 |
|--------|-----------|
| PERMIT | NO.       |
|        | 1/14/2015 |
| PERMIT | DATE:     |

This permit is issued subject to the latest Codified Ordinances of the City of Massillon, OH. The City Engineer to be notified 24 hours in advance of start of work (330) 830-1722. All permits issued under this ordinance are void after 120 days from date of increase.

| 1 Start of Work (330) 830-1   | 122. Ali permits issued und                          | er this ordinance a  | re void after 120 day                    | s from a           | ate of issuance.   |                   |  |  |  |
|---|--|--|--|--------------------|--------------------|-------------------|--|--|--|
| RECEIVED OF:  | PERMIT TYPE  | New  |  |                    |                    |                   |  |  |  |
| CONTRACTOR IN   | SITE INFORMATION                                     |  |  |                    |                    |                   |  |  |  |
| CONTRACTOR: CLARK EXCAVATING  |  |  | OWNER'S NAME: RYAN HOMES                 |                    |                    |                   |  |  |  |
| CONTACT: ADAM CLARK   |  |  | FULL STREET ADDRESS: 1507 MILLRACE ST NW |                    |                    | T NIVA            |  |  |  |
| ADDRESS: 4524 S MEDINA LINE   |  |  |  |                    |                    | INVV              |  |  |  |
| CITY: NORTON  |  |  | CITY LOT NUMBER 17314                    |                    |                    |                   |  |  |  |
| STATE: OH   |  |  | PURPOSE OF CUT: SANITARY                 |                    |                    |                   |  |  |  |
| ZIP:  | Z  | ZONING CLASS:  |  |                    |                    |                   |  |  |  |
| PHONE:  | (330) 603-8059                                       | 603-8059   |  | :                  | West               |                   |  |  |  |
| FAX:  |  |  |  |                    |                    |                   |  |  |  |
| SURETY:   | AUTO OWNERS  | F  | PHONE OTHE                               | R:                 |                    |                   |  |  |  |
| SANITARY SEWER CONNECTION:  NOTE: This permit covers work outside of the building ONLY. Any work inside walls of the building is subject to the Massillon Board of Health |  |  |  |                    |                    |                   |  |  |  |
| USE: Residentia   | al   |  | SKETCH:                                  | DRA                | WING #:            | #201500003        |  |  |  |
| DATE INSPECTED 1/15/2015  |  |  |  |                    |                    |                   |  |  |  |
| located on the $\overline{\mathbb{W}}$  | /EST side  | of   |  | 1507 M             | fillrace ST NW     |                   |  |  |  |
| MILLRACE ST NV  | V  | between  | 1  |                    | 6'dp               |                   |  |  |  |
| WOODSTONE AV  | 'E NW  | and  |  |                    |                    |                   |  |  |  |
| CULDESAC  |  | •  |  |                    | - 6'<br>22' — 8'dp | $\longrightarrow$ |  |  |  |
| Direction from downstream Manhole: SOUTH  |  |  |  |                    |                    |                   |  |  |  |
| Distance from do  | wnstream Manhole                                     | and the same of th | - /                                      | curb               |                    |                   |  |  |  |
| Connection Lengt  | (FEET)   |  | 0  | 307' from D/S MH → |                    |                   |  |  |  |
| Connection Depth: 8 (FEET)  |  |  |  |                    |                    |                   |  |  |  |
| Size of Sewer Pipe: 6 (INCHES) INSPECTION REQUEST: 1/15/  |  |  |  |                    |                    |                   |  |  |  |
| Pipe Material:  | PVC  |  | INSPEC                                   | , HON              | REQUEST:           | <u>1/15/15</u>    |  |  |  |
| NSPECTORS NAME: JEFF KING   |  |  | SANITARY SEWER PERMIT FEE: \$150.00      |                    |                    |                   |  |  |  |
| COMMENTS:   | CAPACITY FEE: \$1,000.00                             |  |  |                    |                    |                   |  |  |  |
|   |  |  | TOTAL COST: \$1,150.00                   |                    |                    |                   |  |  |  |
| TWO WORKIN  | AUTHORIZED BY: DIRECTOR OF PUBLIC SAFETY AND SERVICE |  |  |                    |                    |                   |  |  |  |

Ohio Utilities Protection Service Call 1-800-362-2764 Toll Free.... Non-Members must be called directly.

ISSUED BY: Linda Mikutel