

Northeast Ohio Regional Sewer District
Application for Project Review

Project Name:						Date:	
Project Address:							
Parcel ID:							
Latitude:				Longitude:			
Primary City/Village/Township:							
Applicant Name:						Title	
Company:							
Address:							
City:				State:		Zip:	
Phone:		Cell:			Fax:		
E-mail:							
Owner Name:						Title:	
Company:							
Address:							
City:				State:		Zip:	
Phone:		Cell:			Fax:		
E-mail:							
Applicant Signature: _____							
Project Description:							
Request Type:	Request for Plans <input type="checkbox"/>	Utility Verification Review <input type="checkbox"/>	Direct Connect Review <input type="checkbox"/>	Stormwater Title IV Review <input type="checkbox"/>	Stormwater Title V Review <input type="checkbox"/>	Wastewater Permit-to-Install Review <input type="checkbox"/>	Industrial Permit-to-Install Review <input type="checkbox"/>
DO NOT WRITE BELOW THIS LINE - NEORS D USE ONLY							
Application number:					Date received:		
Review type:							
WWTP drainage area:							
Tributary area type:							
Other jurisdiction(s):							Over →

Please answer the following questions for all review types:

What is acreage of site?		What percentage of that acreage is being disturbed?		%						
Is impervious area being added or removed?	<input type="checkbox"/>	Added	<input type="checkbox"/>	Removed	<input type="checkbox"/>	No Change				
If added or removed, what is the percentage increase/decrease?	%increase/decrease									
Is site within 200' of a watercourse?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
If there is a connection to be made, will that connection be made to a combined sewer or sanitary sewer or unknown?	<input type="checkbox"/>	Combined	<input type="checkbox"/>	Sanitary	<input type="checkbox"/>	Unknown				
Who owns the sewer line that is being connected to?	<input type="checkbox"/>	NEORS	<input type="checkbox"/>	County	<input type="checkbox"/>	Municipality	<input type="checkbox"/>	Unknown		
Is there a connection to a storm sewer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Who owns the storm sewer line that is being connected to?	<input type="checkbox"/>	NEORS	<input type="checkbox"/>	Municipality	<input type="checkbox"/>	County	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	n/a
If Utility Location or Utility Verification:										
What type of project is this?	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Renovation/Redevelopment						
If this is roadwork, what type is it?	<input type="checkbox"/>	Repaving	<input type="checkbox"/>	Widening	<input type="checkbox"/>	Extension				
If Direct Connection review:										
Are you making a new connection or reusing existing?	<input type="checkbox"/>	New Connection	<input type="checkbox"/>	Re-use Existing						
If Stormwater Title IV or V review:										
Will there be post-construction stormwater control measures?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
If Acceptance-of-Flow (Wastewater PTI) review:										
Does the site require a Permit-to-Install from Ohio EPA?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Are you replacing, relocating or installing new sewer?	<input type="checkbox"/>	Replacing	<input type="checkbox"/>	Relocating	<input type="checkbox"/>	Installing New				
If Acceptance-of-Flow (Industrial PTI) review:										
Will the site generate any new or additional discharge of industrial process flow?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						