



City of Groveport  
Building & Zoning Department  
655 Blacklick St.  
Groveport, OH 43125  
614-830-2045

Date: \_\_\_\_\_

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

Fee: **\$100.00**

## **APPLICATION FOR SEWER REPAIR**

\_\_\_\_\_  
Address of Project

\_\_\_\_\_  
Parcel #

Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_

Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant / Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Contact Phone Number**