



EXCAVATION APPLICATION
PUBLIC SERVICE & BUILDING DEPARTMENT

CITY OF WHITEHALL
360 S. Yearling Road
Whitehall, Ohio 43213
614-237-8612
Building-Department@whitehall-oh.us
www.whitehall-oh.us

☐ Residential ☐ Commercial

PROJECT ADDRESS:		CITY:	STATE:	ZIP:
PARCEL #:	(BUSINESS) NAME:			
OWNER:	ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	E-MAIL:			
CONTRACTOR:	<input type="checkbox"/> N/A	ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:			

SANITARY SEWER INFORMATION

Length of lateral to be installed: ft Size: Materials:

Is this a clean out? ☐ Yes ☐ No Will this affect the sidewalk/gutter/curb? ☐ Yes ☐ No

STORM DRAINAGE INFORMATION

Length of pipe to be installed: ft Size: Number of outlets:

Materials:

STREET OPENING INFORMATION

Area to be removed: sf Lanes being blocked:

GRADE CHANGE INFORMATION

Proposed elevation at building: Proposed elevation at lot corner:

SITE PLAN SHOWING METHOD OF REAR YARD DRAINAGE, PROPOSED SWALES AND DIRECTION OF SURFACE SLOPE BY ARROWS OR DESCRIBE SUB-SURFACE STORM DRAINAGE IS REQUIRED.

GAS LINE INFORMATION

Length of line: ft Size: Does this include a tap? ☐ Yes ☐ No

WATER LINE INFORMATION (please note must use City of Columbus installation guidelines and schedule inspection with City of Columbus)

Length of line: ft Size: Does this include a tap? ☐ Yes ☐ No

Describe project:

Cost of project: \$

CALL BEFORE YOU DIG, OHIO UTILITIES PROTECTION SERVICE AT 1-800-362-2764

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents) All permits shall expire one year from the date of issue. A one-time renewal shall be permitted if the original permit has not expired. I fully understand that no excavation, construction, structural alteration, electrical or mechanical installation or alteration of any building, structure, sign, or part thereof and no use of the above shall be undertaken or performed until the permit applied for herein has been approved and issued by the City of Whitehall Building/Zoning Department.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application and attachments as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s).

Applicant Signature:	Printed Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	E-mail:	
<input type="text"/>	<input type="text"/>	

**This application is subject to review, please expect up to 10 days for this process.
You will be contacted once review is completed and fees have been calculated.**

STOP - OFFICE USE ONLY	
Application #:	Date & Time:
Permit Fee	\$
Application Fee	\$
Plan Delivery Fee	\$
TOTAL FEES	\$
(check, money order, exact cash, or debit/credit card)	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED (LETTER ATTACHED)
<input type="checkbox"/> CONDITIONAL APPROVAL (LETTER ATTACHED)	
CHIEF BUILDING OFFICIAL SIGNATURE	DATE