



City of Lorain

SEWER EXCAVATING APPLICATION

TO THE LORAIN CITY BUILDING DEPARTMENT:

I, the undersigned herewith make application for registration to engage in, or at the excavating business in accordance with Ordinance #10-92.

Social Security No.: _____ OR Federal ID Number: _____

Firm's Name _____

P.O. Box or Address _____

Do you maintain an established place of business? _____ Yes _____ No

Location: _____

Phone Number: _____ Email: _____

LIST EMPLOYMENT FOR LAST SIX YEARS

Date: From: _____ To: _____ In what Capacity? _____

Employer's Name and Address: _____

_____ Phone No. _____

Do you hold an excavating license? _____

If so, by whom issued? _____

Have you ever had a warrant served on you as a result of an affidavit filed by an Inspector of the Lorain Building Department? If so, give details on your own stationary.

I, further subscribe that, if registered, I will abide by the provisions set forth in B.B. 51 Ohio Building Code, and that I will assist to the best of my ability in its enforcement in such buildings as are designated therein.

I, hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

DATE: _____ SIGNED: _____

Print your name here: _____

Date received by the Lorain Building Department _____

DATE REGISTERED: _____ **NUMBER:** _____

DATE: _____ **PLUMBING INSPECTOR**