

# 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 Codified Ordinance Chapter 913.**

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 \_\_\_\_\_

Where: \_\_\_\_\_ Phone No. \_\_\_\_\_

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? \_\_\_\_\_.

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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** \_\_\_\_\_