



Wastewater Department  
 440 East 8<sup>th</sup> Street  
 Marietta, OH 45750  
 Telephone: 740-373-3858  
 Facsimile: 740-373-8214

# PERMIT APPLICATION TO CONNECT TO CITY'S SEWER SYSTEM

NAME OF PERSON/FIRM DESIRING

SERVICE: \_\_\_\_\_  
 ADDRESS OF PROPERTY TO BE SERVED: \_\_\_\_\_  
 MAILING ADDRESS IF DIFFERENT FROM APPLICANT:  
 \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_ SIZE OF TAP: \_\_\_\_\_  
 PLUMBING CONTRACTOR: \_\_\_\_\_

ATTACH A PLAN SHOWING PROPOSED LOCATION OF STRUCTURES AND SERVICE LINES IN RELATION TO CITY SANITARY SEWER SYSTEM

PLEASE CHECK THE APPROPRIATE CATEGORY FOR TAP REQUEST:  
 \_\_\_\_\_ RESIDENTIAL                      \_\_\_\_\_ COMMERCIAL                      \_\_\_\_\_ INDUSTRIAL

IF RESIDENTIAL, NUMBER OF FAMILY UNITS TO BE SERVED: \_\_\_\_\_  
 IF COMMERCIAL OR INDUSTRIAL INCLUDES SIZE AND USAGE OF BUILDING(S) TO BE SERVED: \_\_\_\_\_

WILL THE TAP SERVICE BE OUTSIDE THE CORPORATION LIMITS? YES / NO  
 [SEE ORDINANCE NUMBER 44(06-07)]

IF YES, FURNISH A COPY OF THE DEED OF THE AREA TO BE SERVED AND A TAX MAP SHOWING LOCATION OF PROPOSED SERVICE AND IDENTIFICATION OF SURROUNDING PROPERTIES.

IF THE TAP REQUEST IS UNDER A DIFFERENT SEWER DISTRICT, A LETTER OF RELEASE FROM THAT DISTRICT MUST ACCOMPANY THE TAP APPLICATION.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 PRINTED NAME OF APPLICANT

**CITY USE ONLY:**

PRETREATMENT FORMS COMPLETED AND RETURNED: YES / NO

CHEMIST/PRETREATMENT COORDINATOR INITIALS: \_\_\_\_\_

SHOULD PERMIT BE GRANTED: YES / NO

ARE ANY EASEMENTS NECESSARY: YES / NO (if so please attach easement?)

ANY ADDITIONAL REQUIREMENTS IMPOSED? YES / NO

IF YES, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY COUNCIL RESOLUTION NUMBER \_\_\_\_\_ ( \_\_\_\_\_ ) [OUTSIDE CITY LIMITS ONLY]

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WASTEWATER SUPERINTENDENT

APPROVED \_\_\_\_\_ / DENIED \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SAFETY-SERVICE DIRECTOR  
CITY OF MARIETTA