



*City of*  
**Marietta**

WASTEWATER DEPARTMENT

**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

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