



Water Treatment/ Distribution/Backflow Department
2000 Fourth St., P. O. Box 774
Marietta, OH 45750
Phone: (740) 374-6864 Fax: (740) 376-2010
E-mail: wtpm@mariettaoh.net

Applicant/Responsible Person _____ Company/Owner/Job Title _____

Address _____ City _____ State _____ Zip Code _____

Work Phone Number _____ Home Phone Number _____ E-mail Address _____

Name of Water Tap/Service Location _____			Name Responsible for Water Service/Tap Fees _____		
Address _____			Billing Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____

Emergency Contact _____ Emergency Phone Number _____

Application Requirements

Inside City: _____ Residential: _____ Tap Size (inches): Please Circle: ¾ 1 2 4 6 8 other _____
 Outside City: _____ Commercial: _____
 See Ord #43 (06-07) Industrial: _____ Easement Required: Yes No

Please check if any of the water will be connected to the following:

Fire Suppression: _____ Lawn Irrigation: _____ Swimming Pool: _____ Boiler: _____ Softener: _____
 Auxiliary Water Supply: _____ Water Powered Sump Pump: _____ Geo Thermal Heating: _____ Other: _____

Washington County Plat Map of Property to be Serviced & Survey Description of said Parcel Attached: Yes No

Single Building Water Tap with Multiple Service Connections Please Provide Complete Address for Each Unit _____

To aid homeowners, property developers, and contractors, the City now provides one stop permit and plan review sessions at our Engineering Department at 304 Putnam Street. These sessions are on Tuesday, 1:30-3:30pm and Thursday, 8:30-10:30am provides an opportunity for you to meet with several City Department Representatives to discuss your plans and receive information on permit requirements as they may apply to your project. Our goal is to provide as much help and convenience as possible with getting you information that is needed to get your project plans and require permits in order before construction or renovations are under way.

Applicant Signature: _____ Date: _____

If you need additional space, please use the Comment Section on the next page.

Comments: _____

City Use Only

Shall Permit be Granted: Yes No

What, if any, additional requirements are to be imposed:

Water Tap: _____

Meter: _____

Backflow Prevention Requirement: _____

Other: _____

City Council Action (Outside City)

Ordinance/Resolution

Number

Approval of City for this Application

Distribution Foreman: _____ Date: _____

Backflow Prevention/Plans: _____ Date: _____

Utilities Administrator: _____ Date: _____

Water Superintendent: _____ Date: _____

Safety-Service Director: _____ Date: _____
