



Wastewater Department
 440 East 8th 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