

APPLICATION FOR STORM SEWER TAP INSPECTION

Location:	
Name of Property Owner:	Ph#:
Name of Contractor:	
Address of Contractor:	
PERMIT IS REQUESTED FOR THE F	OLLOWING:
Single-family dwelling. (Feed Multi-family dwelling. (Feed Commercial or Industrial bound Other Storm Sewer Tap Feed	e is \$540.00 per each unit).
• Will the tap require a cut or opening (If Yes, an additional permit	g in a street, alley or public way? Yes No is required)
Total Fee: \$	
been approved by the Sewer Department of must be notified by contractor 2 working 419-878-8108). Please contact OUPS before you dig at	this connection will be done until such connection has fithe City of Waterville. (Note: Sewer Departmenting days in advance of when tap will be made at 1-800-362-2764
Date:	Signature of Applicant
FOR O	FFICE USE ONLY
Date Fee Paid: Permit Fee	Paid: Receipt #:
Permission granted to make sewer tap note	
Date:	
Dute.	Municipal Administrator
SEWER DEPARTMENT INSPECTION	REPORT:
I have inspected the above and certify that	the same meets current City Codes:
Date:	Signature of Inspector