

CITY OF COLUMBUS
DEPARTMENT OF PUBLIC UTILITIES
DIVISION OF WATER

SERVICE CONNECTION PERMIT APPLICATION

PREMISE ADDRESS: _____ ZIP CODE: _____

JOB NAME/SUBDIVISION: _____

OWNER OF RECORD:

NAME: _____

BILLING ADDRESS: _____

CITY STATE ZIP: _____

PHONE _____

LOCATION OF PROPERTY TO BE SERVED ?

___ ARLINGTON ___ COLUMBUS ___ DUBLIN ___ GROVE CITY ___ GROVEPORT
___ NEW ALBANY ___ WORTHINGTON ___ HILLIARD ___ OTHER _____

COUNTY PROPERTY IS LOCATED IN:

___ DELAWARE ___ FAIRFIELD ___ FRANKLIN ___ LICKING ___ MADISON ___ PICKAWAY ___ UNION

COUNTY AUDITOR'S TAX DISTRICT # ___ PARCEL # _____

TYPE OF PROPERTY TO BE SERVED ?

___ SINGLE FAMILY RESIDENCE ___ 1/2 HALF OF A TWIN SINGLE ___ CONDO/APARTMENT**
___ MEDICAL/DENTAL OFFICE** ___ RESTAURANT** ___ RETAIL STORE** ___ OFFICE BUILDING**
___ WAREHOUSE** ___ OTHER EXPLAIN** _____

**** CROSS CONNECTION QUESTIONNAIRE FORM MUST BE ATTACHED.**

PROPERTY TO BE SERVED IS ?

___ NEW CONSTRUCTION REQUIRING NEW WATER SERVICE
___ EXISTING STRUCTURE BUILDING ADDITION ___ EXISTING WATER SERVICE TO REMAIN
___ EXISTING STRUCTURE CONVERTING FROM WELL** ___ ENLARGING EXISTING WATER SERVICE
___ OTHER EXPLAIN _____

**** AUXILARY WATER SYSTEM COMPLIANCE FORM MUST BE ATTACHED.**

TYPE OF SERVICE REQUESTED ?

___ DOMESTIC ONLY ___ FIRE PROTECTION ONLY ___ IRRIGATION ONLY
___ DOMESTIC/FIRE PROTECTION COMBINED

TYPE OF SEWAGE SYSTEM ? ___ PUBLIC SYSTEM ___ PRIVATE SYSTEM

NOTE: INSPECTIONS SHALL NOT BE PERFORMED PRIOR TO PERMIT FEES BEING PAID.

I hereby certify that am the property owner or the property owner's agent acting with the owner's full consent and that all information provided here is complete and accurate.

CHECK ONE: ___ AGENT ___ OWNER

APPLICANT NAME: _____ DATE: _____

MAILING ADDRESS: _____ CITY STATE ZIP: _____