CITY OF COLUMBUS

DEPARTMENT OF PUBLIC UTILITIES

DIVISION OF WATER

Michael B. Coleman
Mayor

SERVICE CONNECTION PERMIT APPLICATION

PREMISE ADDRESS:_____ZIP CODE:_____

SUB DIVISION_____LOT #_____

OWNER OF RECORD:

NAME:_____

BILLING ADDRESS:_____

CITY STATE ZIP: _____

PHONE (_____)_____

LOCATION OF PROPERTY TO BE SERVED ?

____ARLINGTON____COLUMBUS____DUBLIN____GROVE CITY____GROVEPORT____HILLIARD
____NEW ALBANY____WORTHINGTON AREA NOT LISTED_____

COUNTY PROPERTY IS LOCATED IN:

____DELAWARE____FAIRFIELD___FRANKLIN___LICKING___MADISON___PICKAWAY___UNION

COUNTY AUDITOR'S TAX DISTRICT NUMBER_____PARCEL NUMBER _____

TYPE OF PROPERTY TO BE SERVED ?

_____SINGLE FAMILY RESIDENCE_____1/2 HALF OF A TWIN SINGLE_____CONDO/APARTMENT COMPLEX**
_____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__DOMESTIC/FIRE PROTECTION COMBINED___IRRIGATION ONLY

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:_____

TAP CHARGE _____

MISC. CHARGE _____

IRE SYSTEM CAPACITY CHARGE _____

METER CHARGE _____

SYSTEM CAPACITY CHARGE _____

FRONT FOOTAGE CHARGE _____

TOTAL FEES DUE $ _____

[REV.10/03]