

VILLAGE OF GRANVILLE
Wastewater Department

Date Received _____

Application # _____

Permit # _____

APPLICATION FOR SEWER TAP PERMIT

1. Property Owner's Name _____

Address of Property _____

Home Phone _____ Work Phone _____

2. Type of Use

Residential [] Commercial [] Single [] Multi []

Number of units if application is for multiple units _____

3. Size of Tap(s) _____

4. Plumber's Name _____

Address _____

Phone _____

5. Licking County Health Department Plumbing Permit Number _____

(Copy of Permit must be included with this application)

6. Contractor's Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

The Sewer Inspector shall have access to inspect all materials and procedures. A saddle clamp will be used on existing sewer mains where no Y-branch is available. The cost of materials and labor for tap and street repair shall be paid by the contractor or his representative. Modification of the grade surrounding any sanitary manhole or similar device shall require the property owner or builder to bear the cost of adjusting the device to grade.

I certify that I have read and understand the above information and that I have answered the questions truthfully to the best of my knowledge.

Applicant's Signature

Date

FOR OFFICE USE ONLY

SEWER TAP PERMIT APPROVAL

1. Conditions for Sewer Tap Permit Approval:

Applicant shall comply with Village of Granville Ordinances and Regulations.

Size of Tap Recommended _____

Size of Water Main _____

Distance of Curb Box to Main _____

Type of Street _____

Open Cut _____ or Boring _____

Remarks _____

2. Required Signatures for Sewer Tap Permit Approval:

Date Approved

Wastewater Supervisor

Date Approved

Village Manager

3. Applicable Fees for Sewer Tap Permit Approval:

Tap Fee \$ _____

Other Fees _____

TOTAL FEES \$ _____

Date Paid _____

Receipt Number _____