

VILLAGE OF GRANVILLE
Water Department

Date Received _____

Application # _____

Permit # _____

APPLICATION FOR WATER 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) _____

Is the foundation of the building more than 120 feet from the curb box? _____

(If YES – a pit meter must be used)

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 _____

Codified Ordinance Section 925.06

Contractors and Tradesman for building construction shall pay a monthly flat rate water charge of \$25.00 per month or fraction of month for each unit. Such charges shall begin on the date that water is first turned on at the building site and shall continue until the Division of Water is notified that the final plumbing inspection has been made by the Licking County Health Department and the premises are ready for water meter installation.

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

WATER TAP PERMIT APPROVAL

1. Conditions for Water 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 Water Tap Permit Approval:

Date Approved

Water Treatment Plant Supervisor

Date Approved

Village Manager

3. Applicable Fees for Water Tap Permit Approval:

Tap Fee \$ _____

Meter Fee _____

Other Fees _____

TOTAL FEES \$ _____

Date Paid _____

Receipt Number _____

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