

Permit No:	
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209 S. Main Street EMarysville, Ohio 43040 Phone: (937) 645-7350 ÉFax: (937) 645-7351 Éwww.marysvilleohio.o.

Phone: (937) 645-7350 ÉFax: (937) 64	45-7351 Éwww.marysvilleohio.org
<b>APPLICATION FOR UNION</b>	COUNTY WATER/SEWER

□ Water			☐ Commercial/Industrial
□ Sewer			☐ Residential
Please Print Clearly			
			$\square$ Owner $\square$ Agent $\square$ Representative $\square$ Other
Applicant  Address (street):			
City, State, and Zip Code:			
Applicant			
Applicant  E-mail Address:			
Name of project (commercial)/ s	ubdivision (residential)	):	
Address of project (lot number a	nd street address):		
City, State, and Zip Code:			
Owner of Property:			
Owner  Address (street):			
Owner  Telephone Number:			
Distance from tap to front of stru	cture (in feet):	A	Acreage of lot to be built on:
Work to begin on or about:		and w	will require approximately days.
If yes, Per City of Marysvi (i.e. well, cistern) on their I device) or abandon the wel	property from the house p I through the Union Cour with the information con	fications, the custo blumbing system p nty Health Departi tained on this peri	tomer will disconnect any alternative water supplies, prior to the meter set (including a backflow prevention
Marysville for water and sewer		, , , , , , , , , , , , , , , , , , , ,	,
For inspection call (937) 645-73	350 at least 24 hours in ac	dvance.	
I hereby attest to the truth and ex	actness of all informat	ion supplied on t	this application.
Signature of Applicant:			Date:
	FOR OI	FFICE USE ON	NLY
Received (stamp):	Fees: Water Tap: Water Meter: Water Inspection:	\$ \$ \$_	Sanitary Tap: \$Sanitary Inspection: \$
	TOTAL DUE:	\$	TOTAL FEES PAID: \$
			Date Paid:
Issued By		-	Date
Revised 05/16			Send to: Divisions of Water and Wastewater