APPLICATION FOR UNION COUNTY WATER/SEWER

☐ Water ☐ Commercial/Industrial
☐ Sewer ☐ Residential

Please Print Clearly

Applicant: ___________________________________________ ☐ Owner ☐ Agent ☐ Representative ☐ Other
Applicant’s Address (street): ___________________________________________
City, State, and Zip Code: ___________________________________________
Applicant’s Telephone Number: ________________________________________
Applicant’s E-mail Address: ____________________________________________

Name of project (commercial)/subdivision (residential): ________________________
Address of project (lot number and street address): ___________________________
City, State, and Zip Code: ___________________________________________

Owner of Property: _____________________________________________________
Owner’s Address (street): ______________________________________________
City, State, and Zip Code: ___________________________________________
Owner’s Telephone Number: ____________________________________________

Distance from tap to front of structure (in feet): ______________ Acreage of lot to be built on: ______________
Work to begin on or about: ___________________ and will require approximately _______ days.

Existing water supply: ______________ (YES / NO )
If yes, Per City of Marysville Water Division Specifications, the customer will disconnect any alternative water supplies, (i.e. well, cistern) on their property from the house plumbing system prior to the meter set (including a backflow prevention device) or abandon the well through the Union County Health Department.

➢ The applicant agrees to comply with the information contained on this permit; with the Standard Construction Specifications of the City of Marysville; and agrees to comply with all conditions, modifications, restrictions, and/or regulations of the City of Marysville for water and sewer service lines and taps.

➢ For inspection call (937) 645-7350 at least 24 hours in advance.

I hereby attest to the truth and exactness of all information supplied on this application.

Signature of Applicant: __________________________________________ Date: ______________

FOR OFFICE USE ONLY

Received (stamp):

Fees:
Water Tap: $___________ Sanitary Tap: $___________
Water Meter: $___________ Sanitary Inspection: $___________
Water Inspection: $___________

TOTAL DUE: $___________ TOTAL FEES PAID: $___________

Date Paid: ______________

Issued By __________________________ Date ______________

Revised 05/16

Send to: Divisions of Water and Wastewater