

Instructions: This form should be either saved and emailed OR printed and delivered to SMU.



## STORM TO STORM TAP PERMIT APPLICATION

### STORM WATER MANAGEMENT UTILITY CONTACT INFORMATION

EMAIL: StormwaterManagement@cincinnati-oh.gov Application Date  
PHONE: 513-591-5050  
ADDRESS: 4747 Spring Grove Avenue

### PROPERTY INFORMATION

ADDRESS:	
LOT #:	
OWNER(S) NAME(S):	
MSD LICENSED SEWER TAPPER:	
PERMIT APPLICANT:	

### PROJECT TYPE

	YES	NO		YES	NO
REPAIR			RESIDENTIAL		
NEW CONSTRUCTION			COMMERCIAL		
ADDITION			INDUSTRIAL		

### REQUIRED SUPPORTING DOCUMENTS

SITE PLAN
BUILDING PERMIT
TAP DETAIL DRAWING

### PAYMENT ENCLOSED

*MAKE CHECKS AND MONEY ORDERS PAYABLE TO "CITY OF CINCINNATI"*

PAYER'S NAME:
AMOUNT:
CHECK #:
EMAIL ADDRESS:
PHONE NUMBER:

APPROVED PERMIT #:

APPROVED BY:

As the licensed tapper, I understand that my project is to be completed to SMU standards.