

Date Completed and Submitted to SMU:

This form shall be completed by a licensed MSD sewer tapper and emailed OR printed and delivered to SMU



A Division of Greater Cincinnati Water Works

C I N C I N N A T I
S T O R M W A T E R
M A N A G E M E N T U T I L I T Y

Storm to Storm TAP Permit Application

Stormwater Management Utility Contact Information

| | |
|----------|--|
| Email: | smuplanreview@cincinnati-oh.gov |
| Phone: | (513) 591-5050 Option 3 |
| Address: | 4747 Spring Grove Ave, Cincinnati, OH 45232 |

Property Information

| | |
|--------------------|--|
| Address/Parcel #: | |
| Owner(s): | |
| Building Permit #: | |

Project Type

| | | | |
|-----------|-------------|------------------|------------|
| Pick One: | Repair | New Construction | Addition |
| Pick One: | Residential | Commercial | Industrial |

Documents

| | | | |
|-----------------------|-----------------|-------------------------|----------------------|
| Required Documents: | Site Plan | Casting | Detailed TAP Drawing |
| Supporting Documents: | Building Permit | DOT Right-of-Way Permit | |

The plans required above shall be to and callout SMU standards and clearly note if deviating from SMU standards

| | |
|-------------------------|--|
| Details or Comments: | |
|-------------------------|--|

Required Tapper Information

| | |
|-----------------------------------|--|
| MSD Sewer Tapper's Name/Company: | |
| MSD Sewer Tapper #: | |
| MSD Sewer Tapper's Phone #: | |
| MSD Sewer Tapper's Email Address: | |

Initials: _____ As the licensed sewer tapper, I understand that my project is to be completed to SMU standards

Payment Details

TAP Fee is \$40.00, checks and money orders shall be made payable to "City of Cincinnati"

| | |
|----------------|--|
| Payer's Name: | |
| Check #: | |
| Email Address: | |
| Phone Number: | |

This Section to be Completed by SMU

| | |
|-------------------|--|
| TAP Permit #: | |
| SMU Work Order #: | |
| Approved by: | |