

**Attn:** Sewer Service Availability Desk  
Metropolitan Sewer District of Greater Cincinnati  
Development Services Branch  
1600 Gest Street  
Cincinnati, Ohio 45204

## Request for Availability of Sewer Service

Building Permit #: \_\_\_\_\_

**Proposed Development Site:**

Street Address: \_\_\_\_\_ Municipality: \_\_\_\_\_

Auditor's Parcel Number for Primary Parcel: \_ \_ \_ \_ \_ - - \_ \_ \_ - - - - -

Additional Auditor's Parcel Numbers: \_\_\_\_\_

Describe the current / prior land use (ie. commercial, residential, etc.) and any existing structures, including occupancy:

\_\_\_\_\_

Describe proposed renovation or development, including square footage, occupancy, and number of employees:

\_\_\_\_\_

**Proposed Development:**

Elimination of On-site Treatment System: # Single Family Residences \_\_\_\_\_ or System Size (gpd) \_\_\_\_\_

Single Family Residence: # Residences (Not BR): \_\_\_\_\_

Apartments / Condos / Townhomes (Circle One): # 1-BR: \_\_\_\_\_ # 2-BR: \_\_\_\_\_ # 3-BR: \_\_\_\_\_ # 4-BR: \_\_\_\_\_

Office Building: Finished Square Footage: \_\_\_\_\_ # Employees: \_\_\_\_\_

Retail: Finished Square Footage: \_\_\_\_\_ # Employees: \_\_\_\_\_

Warehouse: Square Footage of Finished Office Space \_\_\_\_\_ # Employees (including office) \_\_\_\_\_

Restaurant / Food Service Operation: # of Seats: \_\_\_\_\_

School / Daycare:  Elementary or Below  Middle School or above: # Employees \_\_\_\_\_ # Students: \_\_\_\_\_

Doctor / Dental Clinic: # Doctors: \_\_\_\_\_ # Staff: \_\_\_\_\_ # Patients: \_\_\_\_\_

Veterinarian Clinic / Dog Kennel: # Staff: \_\_\_\_\_ # Runs: \_\_\_\_\_ # Cages: \_\_\_\_\_

Hospital: # Beds: \_\_\_\_\_ # Employees: \_\_\_\_\_

Nursing / Rest Home: # Patients: \_\_\_\_\_ # Resident Staff: \_\_\_\_\_ # Non-resident Staff: \_\_\_\_\_

Hotel / Motel: # Rooms: \_\_\_\_\_

Church: # Sanctuary Seats: \_\_\_\_\_ Kitchen?  Yes  No

Other (describe below – include square footage, occupancy, number of parking spaces, etc. as applicable): \_\_\_\_\_

**MSD USE ONLY**

APD# \_\_\_\_\_

Date Processed \_\_\_\_\_

CSO# \_\_\_\_\_

SSO# \_\_\_\_\_

Pump Sta. \_\_\_\_\_

Lots of Record \_\_\_\_\_

Usage Record (gpd) \_\_\_\_\_

Allowed (gpd) \_\_\_\_\_

Proposed (gpd) \_\_\_\_\_

Change (gpd) \_\_\_\_\_

Credits Used \_\_\_\_\_

**MSD USE ONLY**

**Est. Sewage Flow**

\_\_\_\_\_ gpd

\_\_\_\_\_ gpd

\_\_\_\_\_ gpd

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\_\_\_\_\_ gpd

**Total Flow** \_\_\_\_\_ gpd

I certify that I am the (check one)  owner,  developer,  Engineer or Architect representing the owner,  Contractor under contract with the owner or developer,  plumber who is a licensed tapper under contract with the owner or developer, or  other (describe) \_\_\_\_\_, and that all information provided is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_