



Standard Sewer Tap Application for Sanitary, Storm and Special Permits

FAX TO: (513) 244-1327

OR EMAIL TO: MSDTapPermits@cincinnati-oh.gov

Attn: Wastewater Engineering Division / Tap Record Customer Service
Metropolitan Sewer District of Greater Cincinnati
1600 Gest St. Cincinnati Ohio 45204

Questions? Call (513) 244-1330

Date: _____

Property Address: _____

Municipality: _____

Owner's Name: _____

Name of MSD Licensed Sewer Tapper: _____

Type Of Project: *Select one from each category*

New Construction:	<input type="checkbox"/>	Under Roof? Yes	<input type="checkbox"/>	Residential:	<input type="checkbox"/>
Existing:	<input type="checkbox"/>	No	<input type="checkbox"/>	Commercial/Industrial:	<input type="checkbox"/>

Lot #:	<input type="checkbox"/>	Repair/Length:	_____
Addition:	<input type="checkbox"/>	Abandon Septic:	<input type="checkbox"/>
Cap Off Lateral:	<input type="checkbox"/>		

Enclosed: *Select all that apply*

Site Plan:	<input type="checkbox"/>	St. Op. Permit:	<input type="checkbox"/>
Building Permit:	<input type="checkbox"/>	Demo Permit:	<input type="checkbox"/>
Water Works form:	<input type="checkbox"/>	Affidavit:	<input type="checkbox"/>
7 YUF K UYF 5ZZ	<input type="checkbox"/>	Recorded Easement:	<input type="checkbox"/>

Payment: *Credit Cards not Accepted*

Payer's Name: _____

Amount: _____ Check/Cash/Money Order Money Order #: _____

Applicant Name (print): _____

Applicant Phone Number: _____

Would you prefer your permit: Mailed: Fax #

Office Use: Permit Number: _____ Received: _____

Date & Time logged in: _____

Initialized By: _____ SSO # _____

Amount Received: _____ CSO# _____

Permit Type: _____

Application Complete: _____

Called (date/time): _____

Reason for call: _____

ON HOLD: _____ PER: _____ WHY: _____