



Metropolitan Sewer District of Greater Cincinnati
 Wastewater Engineering Division / Tap Record Customer Service
 1600 Gest Street, Cincinnati, Ohio 45204
 Phone: (513) 244-1330 Fax: (513) 244-1327
 Standard Sewer Tap Application for
 Sanitary, Storm and Special Permits

Today's Date: _____

Property Address: _____

Municipality: _____

Owner's Name: _____

Name of MSD Licensed _____

Sewer Tapper: _____

Type Of Project: *Select one from each category*

New Construction: Residential:
 Existing: Commercial/Industrial:

Lot #: Repair/Length: _____
 Addition: Abandon Septic:
 Cap Off Lateral:

Enclosed: *Select all that apply*

Site Plan: St. Op. Permit:
 Building Permit: Demo Permit:
 Water Works form: Meter size _____ Affidavit:
 Storm water Letter: From Owner and Plumber Recorded Easement:

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: MSD00
Date & Time logged in:	_____	
Initialized By:	SSO #	_____
Amount Received:	CSO#	_____
Permit Type:	_____	
Application Complete:	_____	
Called (date/time):	_____	
Reason for call:	_____	
ON HOLD:	PER:	WHY: