



Tap Permit Application
Storm Drainage System Review and Inspection

Hamilton County Public Works
138 E. Court Street - Room 800
Cincinnati, Ohio 45202
513-946-4750

1. Applicant - Complete all applicable spaces on this form.

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

Form with columns: ID, Name, Street Address, City, State, Zip, Phone No.
Property: \_\_\_\_\_
Owner: \_\_\_\_\_
Contractor: \_\_\_\_\_
Plans By: \_\_\_\_\_

2. Project Title: \_\_\_\_\_

Project Address: \_\_\_\_\_

Township: \_\_\_\_\_

3. Check Applicable Box: [ ] Single Family Residential [ ] Commercial
[ ] Multi Family Residential [ ] Industrial

Does this Project involve MSD Correction Orders? [ ] Yes [ ] No

Does this Project involve Public Road Right-of-way? [ ] Yes [ ] No

If yes, a separate permit may be required from the Township or County Engineer.

4. The Contractor and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Regulations of the County of Hamilton pertaining to the County of Hamilton Storm Drainage System and to construct the proposed storm drainage specification submitted herewith and certify that the information and statement given on this application are true.

Application By: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sewer Tap License No. \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_