

Village of Monroeville

21 N Main St. ~ P.O. Box 156

Monroeville, Ohio 44847

Ph: 419-465-4443 ~ Fax: 419-465-2259

Email: [adminoffice@monroevilleohio.com](mailto:adminoffice@monroevilleohio.com)

Tax Email: [incometax@monroevilleohio.com](mailto:incometax@monroevilleohio.com)

Website: <http://www.monroevilleohio.com>

**SANITARY SEWER TAP APPLICATION**

Applicant name: Applicant ph. #:

Owner: Contractor: Other:

Applicant’s address:

Application is hereby made to the Village Water/Wastewater Department for:

(Enter quantity of sewer connection(s) to be installed): Total: \_\_\_\_\_\_ Pipe Size: \_\_\_\_\_\_\_

Residential: \_\_\_\_\_\_\_ Commercial: \_\_\_\_\_\_\_\_

Location of proposed sanitary sewer tap:

Situated on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Streets

Connection Point: Manhole \_\_\_\_\_\_\_\_ Sewer Main \_\_\_\_\_\_\_

Connection Location: Roadway \_\_\_\_\_\_\_\_ Right-of-Way \_\_\_\_\_\_\_

**\*\*CONNECTION IN THE ROADWAY WILL REQUIRE A STREET OPENING PERMIT\*\***

Street opening permit completed and returned: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_

The Tapping, Drain Laying and Connections will be done by:

Name:

Address:

Fee: $100.00 Date paid: Applicant Signature: Date:

**OFFICE USE ONLY**

Approved by: Title:

Date:

Comments:

Disapproved by: Title:

Reason: