



APPLICATION FOR WATER CONNECTION

PERMIT _____

CITY OF STREETSBORO DEPARTMENT OF WATER
2094 STATE ROUTE 303
STREETSBORO, OHIO 44241-1707
(330) 626-2856

DATE _____

Connection Address: _____

Contractor Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Owners Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Billing Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Fee Schedule

Connection _____

Inspection _____

Meter Size 3/4 _____

Other _____

Fee Total _____

Paid _____

Balance _____

Received By: _____ Date: _____

INSTALLATION INFORMATION

ALL WORK MUST BE PERFORMED IN ACCORDANCE WITH THE RULES AND REGULATIONS SET FORTH IN THE CODIFIED ORDINANCES AND WATER RULES OF THE CITY OF STREETSBORO. OPEN DITCH INSPECTIONS MUST BE PERFORMED BY THIS DEPARTMENT PRIOR TO BACKFILLING OF TRENCHES. PLUMBING MUST BE DONE BY A CITY REGISTERED/LICENSED PLUMBER. METERS MUST BE REMOTED PRIOR TO OCCUPANCY. BACKFLOW PREVENTION PROGRAM IS IN EFFECT, COMPLIANCE MANDATORY.