



**APPLICATION FOR SEWER TAP, WATER TAP, WATER METER OR  
WATERLINE/SEWER SERVICE REPLACEMENT**

**CITY OF LOUISVILLE**

Please check permit(s) applying for:

___ Sewer Tap	City Permit Fee _____	Permit Number _____
___ Water Tap	City Permit Fee _____	Permit Number _____
___ Water Meter	City Permit Fee _____	Permit Number _____
___ Waterline/Sewer Service Replacement	City Permit Fee _____	Permit Number _____

**Please specify the following if applying for non-residential permits:**

Water Tap Size \_\_\_\_\_ Water Meter Size \_\_\_\_\_

Application is hereby made to install or replace a sewer tap, water tap, water meter, or waterline/sewer service in compliance with the Louisville Codified Ordinances:

Type of Construction \_\_\_\_\_

Site Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

**City Registered Excavator:** \_\_\_\_\_

Excavator's Address: \_\_\_\_\_

Excavator's Phone Number: \_\_\_\_\_

**City Registered Plumber:** \_\_\_\_\_

Plumber's Address: \_\_\_\_\_

Plumber's Phone Number: \_\_\_\_\_

**(Please note: Plumbing permits/inspections are handled through Stark County Health Dept.)**

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner/Applicant

Date

<b><u>For Office Use Only:</u></b>	Zoning District _____	Lot # _____	Parcel # _____
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