

Licking County Water & Wastewater Department Permit

Date: _____ **Permit to tap**

Permission to connect to the _____ System to serve the property at the below listed location is hereby granted to the undersigned.

Owner or Owner's Agent:

Service Address:

Single Family Dwelling or Other:

Subdivision:

Parcel Number(s):

Lot Number(s): _____ Township: _____

In consideration of the granting of this permit, the undersigned agrees:

To accept and abide by all rules and regulations adopted for the _____ System by the County Commissioners and also to accept and abide by all regulations that may be adopted in the future.

Signed _____

Driver's License or Social Security # _____

Date of Birth _____

Date _____ Telephone _____

Current Address _____

Permit and Connection Fee \$ _____ Cash or Check _____

**** Additional invoice for materials may possibly be mailed after installation****

Capacity Fee _____ Tap In Fee _____

Revenue Connection Fee _____

Materials or Other _____

Permit approved and issued by _____

Inspection completed by _____ Date _____

PERMIT VOID AFTER 90 DAYS