



Today's Date: \_\_\_\_\_

Metropolitan Sewer District of Greater Cincinnati  
Wastewater Engineering Division / Tap Record Customer Service  
Mailing Address: 1600 Gest Street, Cincinnati, Ohio 45204  
Physical Address: 1035 Woodrow Street, Cincinnati, Ohio 45204  
Phone: (513) 244-1330 Fax: (513) 244-1327  
Standard Sewer Tap Application for  
Sanitary, Storm and Special Permits  
[msdtapermits@cincinnati-oh.gov](mailto:msdtapermits@cincinnati-oh.gov)

Property Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Name of MSD Licensed Sewer Tapper: \_\_\_\_\_

**Type Of Project:** *Select one from each category*

New Construction:   
Existing:

Residential:   
Commercial/Industrial:

Lot #:

Addition:

Cap Off Lateral:

Repair/Length: \_\_\_\_\_  
Abandon Septic:

**Enclosed:** *Select all that apply*

Site Plan:

Building Permit:

Water Works form:

Storm water Letter:

Meter size \_\_\_\_\_

From Owner and Plumber

St. Op. Permit:

Demo Permit:

Affidavit:

Recorded Easement:

**Payment:** *Credit Cards not Accepted*

Payer's Name: \_\_\_\_\_

Amount: \_\_\_\_\_ Check/Cash/Money Order Money Order #: \_\_\_\_\_

Applicant Name (print): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Would you prefer your permit:  
Mailed:  Fax ##9a U]: \_\_\_\_\_

**Office Use:** Permit Number: \_\_\_\_\_ Received: MSD00

Date & Time logged in: \_\_\_\_\_

Initialized By: \_\_\_\_\_ SSO #

Amount Received: \_\_\_\_\_ CSO#

Permit Type: \_\_\_\_\_

Application Complete: \_\_\_\_\_

Called (date/time): \_\_\_\_\_

Reason for call: \_\_\_\_\_

ON HOLD: PER: WHY: \_\_\_\_\_