

## APPLICATION FOR WATER CONNECTION

DATE \_\_\_\_\_

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

Connection Address:	
Contractor Name:Address:City/State/Zip:	
City/State/Zip:	
Address:City/State/Zip:	
Fee Schedule Connection Inspection Meter Size 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.