GREATER CINCINNATI WATER WORKS BUILDING PERMIT REVIEW APPLICATION

AN OVERALL <u>SITE PLAN</u> SHOWING PROPOSED WATER MAINS AND WATER SERVICES MUST BE ATTACHED AND SUBMITTED WITH THIS APPLICATION FORM.

THIS FORM MUST BE SUBMITTED TO GCWW FOR ANY CONSTRUCTION WORK, EVEN IF WATER SERVICE IS NOT DESIRED OR IF EXISTING WATER

APPLICATION REVIEWED BY

ENGINEERING DIVISION

4747 SPRING GROVE AVE. CINCINNATI, OH 45232-1986 (513) 591-7859 Fax (513) 591-7878

APPLICATION NO	
BUILDING DEPARTMENT IT	JRISDICTION

DATE

SERVICE IS NOT DESIRED OR I SERVICE IS OR IS NOT IMPACT	IF EXISTING WATER	COMMUNITY OR SU	JBDIVISION NAME
IDENTIFICATION	NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.
OWNER			
GENERAL CONTRACTOR			
PLANS BY			
SUBMITTED BY			
COUNTY AUDITOR'S BOOK	PAGE	PARCEL	LOT
PROJECT ADDRESS			
TYPE OF BUILDING/LAND USE RESIDENTIAL, 1-3 FAMILY RESIDENTIAL, MULTIPLE F LIGHT BUSINESS/COMMER HEAVY BUSINESS/COMMER OTHER	FAMILY INSTITUTIO RCIAL ASSEMBLY	NAL BUILDING LIGHT INDUSTRIAL PAAL/MEDICAL FACTORY/INDUSTRIAL BUILDING HIGH HAZARD	
APPLICANT WILL REQUEST N APPLICANT WILL REQUEST N NEEDED FIRE FLOWS FR ACCEPTABLE TO THE L APPLICANT DESIRES NO WAT USING CISTERN;	NG WATER SERVICE (IF KNOWN) ACCOUNTS EW DOMESTIC WATER SERVICE AND MA EW FIRE SERVICE AND MAKE SEPARATION OM PUBLIC WATER SYSTEM OCAL FIRE AUTHORITY AND GCWW. ER SERVICE TAP FROM GCWW _USING WELL;STRUCTURE NOT	AKE SEPARATE APPLICATION FOR WATER SERVICE AT GCW E APPLICATION FOR WATER SERVICE AT GCWW BRANCH SE (G.P.M.) AT 20 P.S.I., FROM LICENSED FIRE SPRINK FOR HUMAN HABITATION	ERVICE SECTION LER CONTRACTOR
drawings and specifications a constitute approval for sizing,	re, to the best of his/her knowledg , metering and/or cross connection application for water service at the	hereby certifies that the information and statements are, correct and acknowledges the action taken on this in control or for other requirements of the GCWW Rue GCWW Branch Services Counter at the same additional control of the control of the GCWW Branch Services Counter at the same additional control of the control of	s application does not ales and Regulations.
SIGNATURE		TITLE	
COMPANY NAME			
		DAYTIME FAX NUMBER	
	FC	OR GCWW USE ONLY	
	E AVAILABLE SUBJECT TO TH VATER SERVICE BRANCH APPI	E FOLLOWING CONDITIONS BEING MET PRIOR LICATION	R TO THE GCWW
EXPLANATION:			

TITLE