

FAX TO: (513) 244-1327

Attn: Sewer Service Availability Desk
Metropolitan Sewer District of Greater Cincinnati
Project and Business Development
1600 Gest Street
Cincinnati, Ohio 45204
MSDTapPermits@cincinnati-oh.gov

Request for Availability of Sewer Service



Building Permit #: _____

Proposed Development Site:

Street Address: _____ Municipality / Township: _____

Auditor's Parcel Number for Primary Parcel:

Book#

Page#

Parcel#

Additional Auditor's Parcel Numbers: _____

Describe the current / prior land use (including commercial and residential activities) and any existing structures:

Describe all land use activities that will cease and any structures that will be demolished (in full or in part):

MSD Use Only

APD # _____

Date Processed _____

CSO# _____

SSO# _____

Pump Sta. _____

Lots of Record _____

Usage Record (gpd) _____

Allowed (gpd) _____

Proposed (gpd) _____

Change (gpd) _____

Credits Used _____

Proposed Development:

Est. Sewage Flow (MSD Use Only)

- Elimination of On-site Treatment System: # Single Family Residences _____ or System Size (gpd) _____ gpd
- Single Family Residence: # Residences: _____ gpd
- Apartments / Condos / Townhomes: # 1-BR: _____ # 2-BR _____ # 3-BR _____ # 4-BR _____ gpd
- Office Building: Finished Square Footage: _____ # Employees: _____ gpd
- Retail: Finished Square Footage: _____ # Employees: _____ gpd
- Warehouse: Square Footage of Finished Office Space _____ # Employees (including office) _____ gpd
- Restaurant / Food Service Operation: # of Seats: _____ gpd
- School / Daycare: Elementary or Below Middle School or above: # Students: _____ gpd
- Doctor / Dental Clinic: # Doctors: _____ # Staff: _____ # Patients: _____ gpd
- Veterinarian Clinic / Dog Kennel: # Staff: _____ # Runs: _____ # Cages: _____ gpd
- Hospital: # Beds: _____ gpd
- Nursing / Rest Home: # Patients: _____ # Resident Staff: _____ # Non-resident Staff: _____ gpd
- Hotel / Motel: # Rooms: _____ gpd
- Church: # Sanctuary Seats: _____ Kitchen? Yes No _____ gpd
- Other (describe below – include square footage, occupancy, number of parking spaces, etc. as applicable): _____ gpd

Total Flow: _____ gpd

I certify that I am the (check one) owner, developer, Engineer or Architect representing the owner, Contractor under contract with the owner or developer, plumber who is a licensed tapper under contract with the owner or developer, or other (describe) _____, and that all information provided is accurate to the best of my knowledge.

Phone: _____ Signature: _____ Date: _____

Fax: _____ Printed Name: _____

Email: _____ Company: _____

Mailing Address: _____