CITY OF BEXLEY

BUILDING DEPARTMENT

2242 E. Main Street

(614)559-4240 2009

Call For Inspections (614) 559-4240

PERMIT #_____

APPLICATION FOR SEWER SYSTEM CAPACITY CHARGE PERMIT

1. Address of Jobsite: _____Lot # _____
2. Name of Owner: _____Telephone: _____
3. Contractor: _____Registration #_____ Phone/Cell#_____

   Address_____

	TAP SIZE				
Single Family					**$**
Multi Family		**1st Unit $250.00 +**	**#_____ Units**	**X $125.00 each**	**$**
Commercial		**1st Unit $500.00 +**	**#_____ Units**	**X $400.00 each**	**$**
Industrial			**#_____ Units**	**X $750.00 each**	**$**
CREDIT For existing Tap					**$-**
				Total Due	**$**

_____/_____

Applicant Signature Date

_____/_____

Service Director Date

Check#_____/ Amount$_____

Revised 02-01-08