



# City of Lorain

## COMMERCIAL WATER APPLICATION FOR TAP OR METER REPLACEMENT

*THE FOLLOWING INFORMATION MUST BE COMPLETED AND SUBMITTED PRIOR TO  
ESTABLISHING FEES AND ISSUING THE PERMIT.*

TAP       METER       IRRIGATION METER       FIRE LINE

Applicant/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner (if other than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Permanent Parcel #: \_\_\_\_\_

No. of Units: \_\_\_\_\_ Meter size: \_\_\_\_\_

Parcel Sq. Footage: \_\_\_\_\_ Lot Front Footage: \_\_\_\_\_ Tap size: \_\_\_\_\_

Fire Line tap size: \_\_\_\_\_

Signed: \_\_\_\_\_

**Property Owner or Person Acting as Owner's Agent**