



# City of Lorain

## RESIDENTIAL 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

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

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

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

Phone # : \_\_\_\_\_      Email: \_\_\_\_\_

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

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

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

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

Tap Size: \_\_\_\_\_

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

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

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