



WATER, SANITARY AND STORM TAPPERS APPLICATION

Revised 11-06-12

CITY OF RAVENNA
530 N. Freedom Street
Ravenna, Ohio 44266
Phone #: 330-296-5607 Fax #: 330-296-1280

Date: _____ Application Year: _____ Renewal _____ New Registration _____

Company Name: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Company Address: _____ City: _____

State: _____ Zip Code: _____ P.O. Box: _____ Email: _____

Area of Expertise: Sanitary _____ Storm _____ Water _____

1. Are you presently licensed as a water and sewer tapper by the City of Ravenna?
Yes ____ No ____ If Yes, go to number 4. If No, complete the rest of the form.
2. How many years of equivalent experience do you have in water and sewer tapping? _____
3. List the other jurisdictions in which you currently hold water or sewer tappers licenses:

Jurisdiction: _____ Inspecting Official: _____

Insp. Off. Title: _____ Phone#: _____ Lic. Type: _____

Jurisdiction: _____ Inspecting Official: _____

Insp. Off. Title: _____ Phone#: _____ Lic. Type: _____

Jurisdiction: _____ Inspecting Official: _____

Insp. Off. Title: _____ Phone#: _____ Lic. Type: _____

4. Do you agree to maintain sufficient insurance to cover all perils which could occur as a result of your actions which are related to this license? Yes ____ No ____
5. Do you agree to make certain that your employees, and the employees of all of your subcontractors are continuously covered by Worker's Compensation Insurance? Yes ____ No ____
6. Have you received, read, and agreed to abide by all conditions of the latest version of the City of Ravenna requirements for water and sewer tappers? Yes ____ No ____

Applicant's Signature: _____ Date: _____

Recommendation of the: City Engineer Approve _____ Disapprove _____