City of Fairborn
Engineering Division
44 W. Hebble Avenue
Fairborn, OH 45324
Ph. 937-754-3055
engineering@ci.fairborn.oh.us

WATER & SEWER PERMIT APPLICATION

Job Site Address: _____

Project Description: _____

Contractor:	Property Owner:
Contact:	Address:
Address:	City:
City:	State: Zip:
State: Zip:	Telephone:
Telephone:	Email:
Email:	

Water Permit $ 30

❑ New Connection ❑ Existing Connection

Water Connection Charge

❑ 5/8" x 3/4" Meter	$ 480
❑ 3/4" Meter	$ 880
❑ 1" Meter	$ 1,300
❑ 1-1/2" Meter	$ 2,400
❑ 2" Meter	$ 3,800
❑ 3" Meter	$ 7,200
❑ 4" Meter	$12,000
❑ 6" Meter	$24,000
❑ 8" Meter	$38,000
Backflow Prevention Device	$ 10
Construction Water	$ 25
Irrigation Meter Line Connection	$ _____
Fire Suppression Line Connection	$ _____
Bath Township Surcharge (50%)	$ _____
Other Area Surcharge (100%)	$ _____

Sewer Permit $ 30

❑ New Connection ❑ Existing Connection

Sewer Connection Charge

❑ 5/8" Meter	$ 480
❑ 3/4" Meter	$ 880
❑ 1" Meter	$ 1,200
❑ 1-1/2" Meter	$ 2,400
❑ 2" Meter	$ 3,800
❑ 3" Meter	$ 7,200
❑ 4" Meter	$12,000
❑ 6" Meter	$24,000
❑ 8" Meter	$38,000
Bath Township Surcharge (50%)	$ _____
Other Area Surcharge (100%)	$

Pre-annexation Agreement/Council Approval Received

❑ Yes ❑ No ❑ Not Applicable

TOTAL FEES: $_____

I hereby acknowledge I have read this application and state the above information is correct and agree to comply with all City Ordinances and State Laws regulating water and sewer connections. I agree to comply with approved drawings and keep approved drawings on the job site. I understand that any deviation from the approved plans must be authorized by the approval of the revised plans, subject to the same procedures established for the examination of the original plans, and that an additional fee may be charged, predicted on the extent of the variation from the original plans. I also acknowledge I am the property owner or authorized to act as the owner's agent in obtaining this permit. I also acknowledge I or my company will be completing the work and I am not obtaining this permit for a third party. **** CALL OUPS 48 HOURS PRIOR TO ANY EXCAVATION BY DIALING 811 ****

Signature: _____ Date: _____

For Office Use Only:

Permit Number: _____ Date Received: _____

Please call (937) 754-3097 to schedule an inspection.