

DELAWARE COUNTY
APPLICATION FOR UNDERGROUND FIRE LINE PIPING

12/16/19

Date: _____

Permit Number _____

Project Business Name: _____

Project Address: (as assigned by Map Department) _____

City/Village _____ Zip Code: _____ Township _____

Between: _____ and _____

Owner: _____ Phone (____) _____

Address _____ City, State _____ Zip _____

System Designer : _____ Phone: Number (____) _____

Address _____ City, State _____ Zip _____

Contact Person: _____ Phone: Number (____) _____

Underground Contractor: _____ Phone: (____) _____

Address _____ City, State _____ Zip _____

Email _____

Site Contact: _____ Phone Number (____) _____

Email _____

Items to be installed:

PIV ____ F.D.C. ____ Hydrants ____ Thrust Blocks ____ Clamps ____ Restraint Straps for Tees ____

Bollard Protection: ____

Type of Pipe: _____ **Size of Pipe:** _____ **Length of Pipe:** _____

Burial Depth (to top of pipe): _____

Brief description of work to be done and any storage: _____

Certification: I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

Signature of Owner/Agent

Print or type name here

(____) _____
Telephone:

COMMERCIAL ONLY:

I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.

Licensed: ____ Yes ____ No State License # _____

Signature of Contractor _____ Date: _____

(Commercial Specialty Contractors Only)