



209 S. Main Street • Marysville, Ohio 43040  
Phone: (937) 645-7350 • Fax: (937) 645-7353 • www.marysvilleohio.org

**APPLICATION FOR  
SECONDARY METER FOR OUTSIDE WATER USAGE**

**Please Print Clearly**

Applicant: \_\_\_\_\_ Owner    Agent    Representative    Other

Applicant's Address (street): \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_ Applicant's E-Mail Address: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's Address (street): \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_ Owner's Telephone Number: \_\_\_\_\_

Purpose of Secondary Meter (i.e; irrigation system, boiler, lawn watering): \_\_\_\_\_

Address where meter will be installed: \_\_\_\_\_

**General Information**

- **All plumbing work is the responsibility of the owner.**
- The owner is responsible for making sure they have obtained all required plumbing permits and inspections through the Union County Building Department before making changes to said plumbing to accommodate a secondary meter. The signing of this application by City staff does not constitute approval to make changes to the actual plumbing at this property.
- If an irrigation system is to be installed or connected to the secondary meter, the owner understands they will be required to install a backflow device. Such backflow device will require annual inspection at the expense of the owner.
- All work must be in compliance with City of Marysville Standard Specifications.
- If it is not possible for city staff to visually trace the water pipes inside your home, it will be necessary for city staff to verify, from each plumbing fixture, that they are not being utilized through the deduct meter.
- I understand that anyone caught tampering with the meter once it is installed, or making any attempts to utilize the meter or its appurtenances in any way that it was not intended, is subject to the loss of privileges of the secondary and penalties.
- Excludes the owner from being included in the Summer Sewer Credit Program.

I hereby attest to the truth and exactness of all information supplied on and with this application and understand all information as specified in the General Information section.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received (stamp):	Fees:	Meter Size:	_____
		Meter Cost:	\$ _____
		Other:	\$ _____

**TOTAL FEES DUE: \_\_\_\_\_ DATE FEES PAID: \_\_\_\_\_**

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date