

For DOSD Internal Use  
Tracking No. \_\_\_\_\_  
Date Received \_\_\_\_\_

**CITY OF COLUMBUS  
DEPARTMENT OF PUBLIC UTILITIES  
DIVISION OF SEWERAGE AND DRAINAGE**

**PROJECT DRY BASEMENT PROGRAM APPLICATION**

Homeowner's name (please print) \_\_\_\_\_

Address of affected building \_\_\_\_\_

Home address \_\_\_\_\_

Day time phone number \_\_\_\_\_

Email address \_\_\_\_\_

Is the subject property a residential rental unit? \_\_\_\_\_

(Please Note: Rental property owners are subject to paying a \$195 per unit Health and Safety Code Inspection.)

If yes, what is the tenant's name and phone number? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a sewer backup in your basement? \_\_\_\_\_

If yes, what was the date? \_\_\_\_\_

Was the backup reported to the Sewer Maintenance Operations Center? \_\_\_\_\_

Do you have a sump pump? \_\_\_\_\_

\_\_\_\_\_

For internal DOSD purposes