

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner Will Pringle
Address 10 Bauman Place
Contractor Jerry L. Glanz Trenching & Backfilling
Address 6 Lakeview Dr. Tel. 599-4103

NO. _____
BLDG. PERMIT _____
PERMIT FEE \$ _____
DATE PAID _____
for office use only

LOCATION OF CONNECTION

Street and No. 10 Bauman Place Sanitary Storm _____
Lot No. _____ Subdivision _____ Size of Tap 4"
Size and Type of Sewer 4" sanitary

ALL WORK MUST BE INSPECTED

I certify that the sewer will be used only as indicated and no other Drainage will be connected.

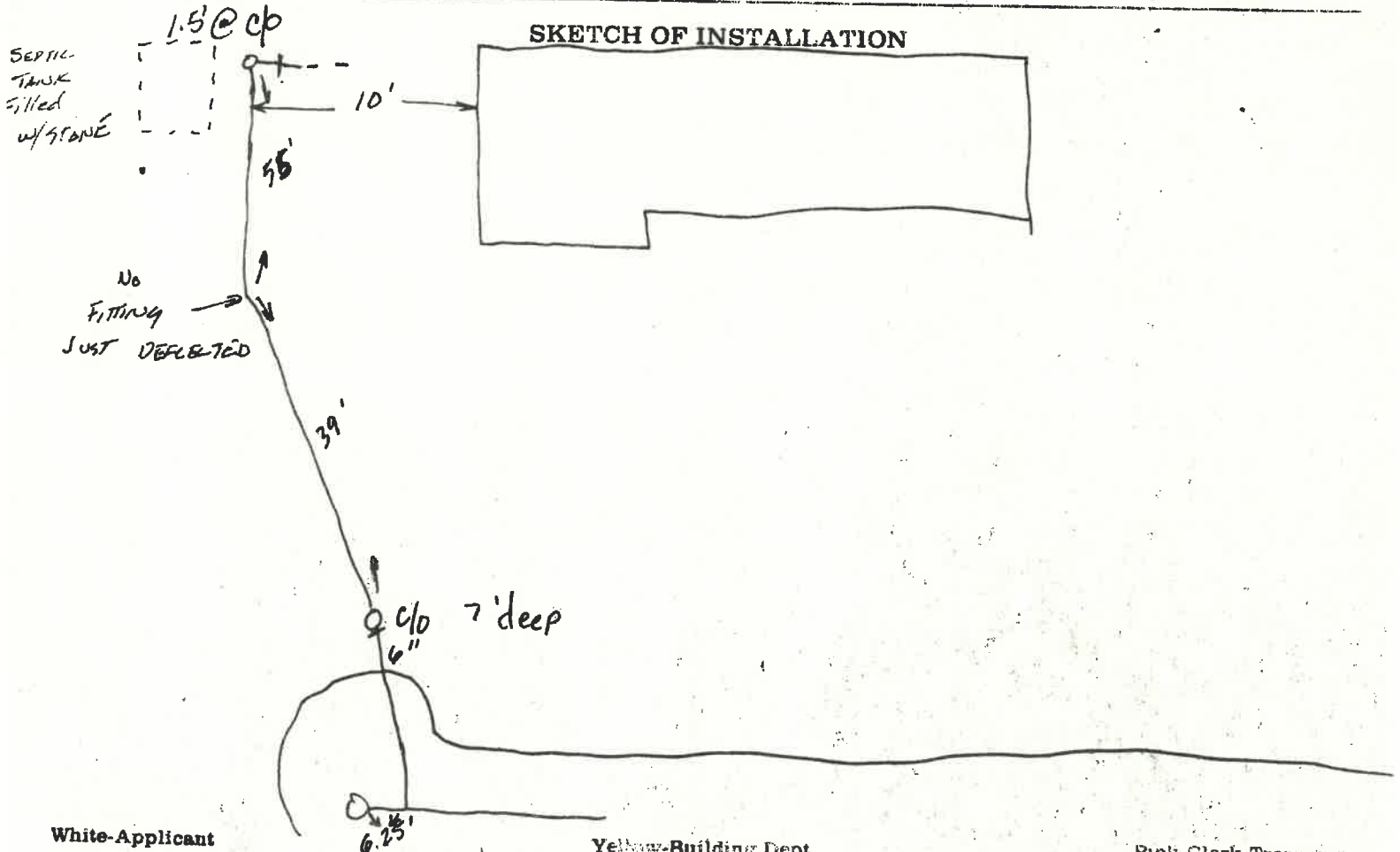
Date 10-31-80 Signature Jerry L. Glanz (cg) owner-builder-agent
do not write below this line

INSPECTION RECORD

Date Inspected 11-3-80 Size and Type of Sewer 4" PVC
Location SIDE - FRONT Depth SEE DRAWG Type of Test N/A
Inspected and Approved By: Bruce W. ... Inspector Date 10-3-80
Additional Information Septic Tank Filled.

Send copy to:

SKETCH OF INSTALLATION



White-Applicant

Yellow-Building Dept.

Pink-Clerk-Treasurer