

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner AMERICAN LEGION POST 300 NO. _____
Address 500 GLENWOOD AVE BLDG. PERMIT _____
Contractor J.A. SCHULTZ + SON PERMIT FEE \$ _____
Address Twp Rd. R Tel. _____ DATE PAID _____
for office use only

LOCATION OF CONNECTION

Street and No. 500 GLENWOOD AVE Sanitary Storm _____
Lot No. _____ Subdivision _____ Size of Tap 6"
Size and Type of Sewer _____ ALL WORK MUST BE INSPECTED

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

Date _____ Signature _____ owner-builder-agent
do not write below this line

INSPECTION RECORD

Date Inspected JUNE 5, 1981 Size and Type of Sewer _____
Location FRONT Depth _____ Type of Test NA

Inspected and Approved By: _____

Additional Information DRWG WAS FROM 1971 PERMIT, DIMENSIONS ARE TAKEN FROM
THAT AND ARE NOT SITE MEASUREMENTS.

Send copy to: _____

SKETCH OF INSTALLATION

