

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner William Double
Address RR #2 409 Hudson
Contractor SELF
Address _____ Tel. 592-3778

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

LOCATION OF CONNECTION

Street and No. 409 Hudson Sanitary Storm _____
Lot No. 3 Subdivision FAIRBANK'S ADD. 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 11-3-80 Size and Type of Sewer 4" PVC
Location FRONT Depth See drawg Type of Test N/A
Inspected and Approved By: Bruce McVaneik 11-3-80
Inspector Date
Additional Information _____

Send copy to: _____

SKETCH OF INSTALLATION

