

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner MYRON EMMEL

Address 108 JAHNS

Contractor BECK'S CONST

Address 11-622 G. Rd. M

Tel. 592-8307

NO. _____

BLDG. PERMIT _____

PERMIT FEE \$ _____

DATE PAID _____

for office use only

LOCATION OF CONNECTION

Street and No. 108 JAHNS

Sanitary

Storm _____

Lot No. _____ Subdivision Majestic Heights

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 5-29-80

Size and Type of Sewer 4" PVC

Location FRONT

Depth SEE DRWS

Type of Test N/A

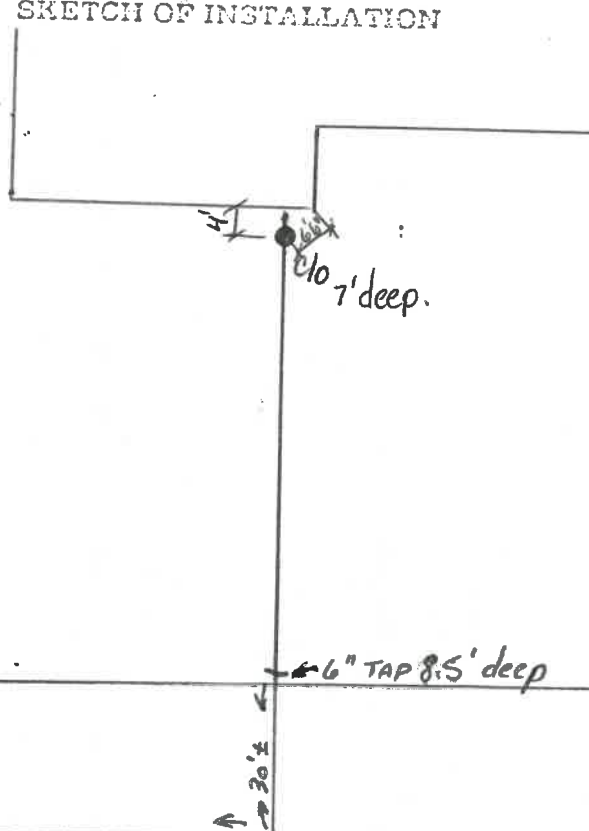
Inspected and Approved By: Bruce Williams
Inspector

5-29-80
Date

Additional Information _____

Send copy to: BECK'S CONSTRUCTION

SKETCH OF INSTALLATION



M# 112'±

White-Applicant

Yellow-Building Dept.

Pink-Clerk-Treasurer