APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

| Owner FIDAR CORDES | 1 |
|--|-------------------------------|
| AddressAAAAAAAAA | NO. |
| Contractor MARYIN BEHNEELDT | BLDG. PERMIT |
| Address R#4 MAPOLEAN Tel. 758-3196 | PERMIT FEE \$ |
| roi. | DATE PAID for office use only |
| LOCATION OF CONNECTION Street and No. | |
| Samuary | Storm |
| | Size of Tap |
| I certify that the sewer will be used only as indicated and | K MUST BE INSPECTED |
| I certify that the sewer will be used only as indicated and no other D: DateSignature | |
| owner-but | lder-agent |
| do not write below this line | |
| INSPECTION RECORD | |
| Date InspectedSize and Type of Sewer | PVC G TAP |
| Location Depth Type of Test | A |
| Inspected and Approved By: | 5/29/19 |
| Additional Information | Date |
|) | |
| Send copy to: | |
| SKETCH OF INSTALLATION | |
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| INCRANGE ST. | A. |
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APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

| Owner FIDAR CORDES | Luc | |
|--|-------------------------------|--|
| Address 1140 LACRANCE | NO | |
| Contractor MARYIN BEHNEELDT | BLDG. PERMIT | |
| PHIL ALADALE III DES 3-6 | PERMIT FEE \$ | |
| | DATE PAID for office use only | |
| LOCATION OF CONNECTION | Tor orrice use only | |
| Street and No. Sanitary Sanitary | Storm | |
| Lot No. Subdivision | Size of Tap | |
| 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. | | |
| DateSignature | | |
| do not write below this line———————————————————————————————————— | | |
| | | |
| Date Inspected May 29 79 Size and Type of Sewer 10 | " DUP 1" Tag | |
| | In CO CO IAP | |
| Type of Tost | 3/10/19 | |
| Inspected and Approved By: Inspector Additional Information | Date | |
| Additional Information SERVICE TANK FILLER II | y samo | |
| Send copy to: | | |
| | | |
| SKETCH OF INSTALLATION | | |
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| 16 type < 27' | 6" top | |
| The state of the s | dego | |
| LAC DAMA COLLEGE | | |
| LAGRANGE ST, | | |