

APPLICATION FOR PERMIT TO TAP SEWER

No. 329

Date August 4, 19 69

Name Clivic Corporation - Harris Division

Address Route # 424 East

LOCATION OF CONNECTION

Street and Number _____

Lot No. _____

Addition _____

Date work will start _____ (All work must be inspected)

Work will be done by _____

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

Applicant _____

Date _____

Address _____

Permit Fee \$60.00

R. D. Schmeider
Certification by City Clerk CB

Work inspected _____

Work completed _____

Remarks _____