

APPLICATION FOR PERMIT TO TAP SEWER

No. 657 Date 11-4, 19 74

Name CITY OF NAPOLÉON

Address Riverview Ave. NAP. OHIO

LOCATION OF CONNECTION

Street and Number Riverview Ave.

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.

For Fire STATION

Applicant _____

Date _____ Address _____

Permit Fee _____

*Bldg permit #96
no charge*

R. W. Schweinhagen (G.C.)
Certification by City Clerk

Work Inspected 11-7-74 Passed RWB

Work Completed 11-7-74

Remarks _____

STREET _____ DISTRICT _____ DATE _____

STREET _____ SIZE AND KIND OF SEWER _____

LOT NO. _____ LOCATION OF SEWER _____

LOT NO. _____ DEPTH OF SEWER _____

CROSSOVER _____ DISTANCE TO CURB STOP _____

REMARKS _____



ST.



ST.



ST.



ST.



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