

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner LELAND KNEPLEY NO. _____
Address 1117 SCOTT STREET BLDG. PERMIT _____
Contractor PAUL M WALTERS PERMIT FEE \$ _____
Address 164 NORTH STREET Tel. 599-2431 DATE PAID _____
for office use only

LOCATION OF CONNECTION

Street and No. 1117 Scott Sanitary Storm _____
Lot No. _____ Subdivision _____ Size of Tap 6"
Size and Type of Sewer 8" PVC 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 Leland R Knepley
owner-builder agent

do not write below this line

INSPECTION RECORD

Date Inspected 5-20-80 Size and Type of Sewer 6" U.I.T.
Location REAR Depth See drawg. Type of Test N/A
Inspected and Approved By: Bruce W. ... 5-20-80
Inspector Date
Additional Information _____

Send copy to: LELAND KNEPLEY

SKETCH OF INSTALLATION

