## APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner A. H. Detules	NO.
Address 100% Albertage	BLDG. PERMIT
Contractor	PERMIT FEE \$
PRINT It or then I'M TOWN THE	DATE PAID
LOCATION OF CONNECTION	for office use only
Street and NoSanitary	Storm
Lot No. Subdivision	
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	
INSPECTION RECORD	
Date Inspected 5-18-79 Size and Type of Sewer 4 PVC 46	
Location AST SCOTI AFMSE Depth Type of Test None	
Inspected and Approved By:	
Additional Information	Date
Send copy to:	
CIZETOII OF INCHAIL AMYON	

SKETCH OF INSTALLATION