

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner Ms Betty NO. _____
Address 1057 Stevenson St BLDG. PERMIT _____
Contractor PR #9 PERMIT FEE \$ _____
Address _____ Tel. 28-3162 DATE PAID _____
for office use only

1057 Stevenson LOCATION OF CONNECTION
Street and No. ALLEY BETWEEN STEVENSON & RHYDOL Sanitary Storm _____
Lot No. 276 Subdivision MARY ODD'S 500 EP. Size of Tap 6"
Size and Type of Sewer 4" 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 June 6, 1974 Signature _____ owner-builder agent
do not write below this line

INSPECTION RECORD

Date Inspected _____ Size and Type of Sewer _____
Location _____ Depth _____ Type of Test _____
Inspected and Approved By: _____ Inspector _____ Date _____
Additional Information _____

Send copy to: _____

SKETCH OF INSTALLATION

