

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner Mrs. Anna Slight
Address 1065 Stevenson St
Contractor Robert Slight
Address 14-424 Rt #2 Tel. 592-4991

NO. _____
BLDG. PERMIT
PERMIT FEE \$ _____
DATE PAID
for office use only

LOCATION OF CONNECTION
Street and No. Stevenson St. 1065 Sanitary Storm _____
Lot No. 28 Subdivision Mary Dobbs 2nd Add Size of Tap 6"
Size and Type of Sewer PSM Plastic - 6" ALL WORK MUST BE INSPECTED

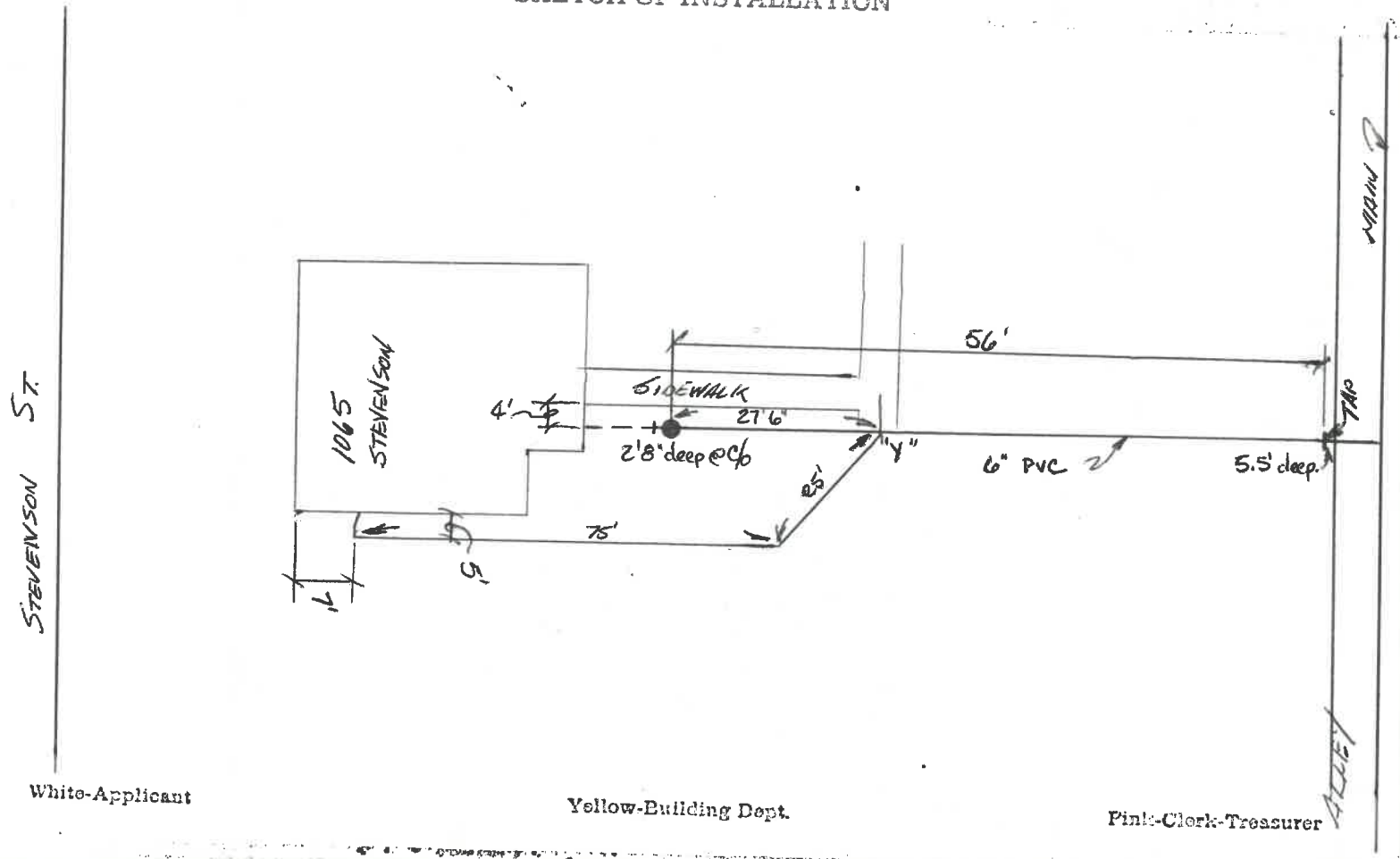
I certify that the sewer will be used only as indicated and no other Drainage will be connected.
Date 7-7-79 Signature Robert Slight
owner-builder agent
do not write below this line

INSPECTION RECORD

Date Inspected 7-7-79 Size and Type of Sewer 6" PVC
Location REAR Depth SEE DWG Type of Test N/A
Inspected and Approved By: Bruce Winant Date 7-7-79
Inspector Date
Additional Information _____

Send copy to: ANNA SLIGHT 1065 STEVENSON

SKETCH OF INSTALLATION



White-Applicant

Yellow-Building Dept.

Pink-Clerk-Treasurer