

APPLICATION FOR PERMIT TO TAP SEWER

Owner Barry Lemon
ADDRESS 945 WESTCHESTER
CONTRACTOR VON DEYLEN PL + H7'4
ADDRESS 116 E. Clinton TEL. 592-4756

NO. _____
BLDG. PERMIT _____
^{INSPECTION}
PERMIT FEE \$ 60.00
STREET BOND _____
DATE PAID _____
For office use only

LOCATION OF CONNECTION

Street and No. 945 Westchester Sanitary Storm _____
Lot No. _____ Subdivision _____ Size of Tap _____
Size and Type of Sewer _____ ALL WORK MUST BE INSPECTED
Street to be opened-Yes _____ No Opening bond fee set by Engineer \$ _____
Street opening agreement approval date _____

I certify that the sewer will be used only as indicated and no other drainage will be connected.

Date 4/1/87 Signature Dennis P. Clapp
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 REPLACEMENT OF AN EXISTING 4" RESIDENTIAL TAP

Send copy to: _____

SKETCH OF INSTALLATION - ON BACK