APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner Ressel Le Lillans	NO.
Address	BLDG. PERMIT
Contractor	PERMIT FEE \$
Address RP# 4 Manden Tel. 758-3162	DATE PAID
LOCATION OF CONNECTION	for office use only
Street and No. ALLEY SAME Sanitary Sanitary	Storm
Lot No. 3 Subdivision Subdivision	
Size and Type of SewerALL WORK	MUST BE INSPECTED
I certify that the sewer will be used only as indicated and no other Dr	ainage will be connected.
Date Signature Signature	
owner-buil do not write below this line	der-agent
INSPECTION RECORD	13 20
Date Inspected Size and Type of Sewer	- 6 PVC
Location Depth Type of Test	14
Inspected and Approved By:	Date
Additional Information	
Post of the land	
Send copy to: Reagne Williams	
SKETCH OF INSTALLATION	
10703 116 deep 37 16" PUC SEWER	
13 16 ADE SERVE	
4'cp: X 4	
50°ELL	
50°ELL	
SECTION 13	
50°ELL	
SECTION 13	

WILLARD