

## FALL CREEK REGIONAL WASTE DISTRICT

Box 44, Pendleton, Indiana 46064

## 3-07/5623.00

	CATION FOR SEWER PE		Nº (	~
Permit No.	Date	5-2	9-90	<u>-</u> 1
Permit Void 90 days from D	Date of Issuance	7 , ,		
Owner Name Zil	lian 4	airie	2	
Property Address 79	149 D. B	roadu	ay	
Lot #	P.O. Box		0	
TOWN Perduton	, IN Zip	Code 4	0064	
Phone	Water Met	er WW		"
\$250.00 Tap o		0		
\$25.00 Inspe	ection fee paid			
Application is hereby Waste District Sewer Syste Residential, Commerce Institutional Us	em for the above listial, Industri	ted propert	y - Permit Ty	pe:
All workmanship and m District Ordinance as desc Acceptance and approval mu authorized representative to the main sewer lines. cause all lines and appurt at the owners expense.	cribed in Ordinance ast be made by the D before backfilling Any violation of ap	84-2 and 84 istrict instant and final opticable re	-3 as amended pector or his connection is regulations will	duly nade
The Fall Creek Region approval of materials, and materials and installation sole responsibility of the	d installation techron and any liabilities	niques only	All costs f	or
I have read and fully		ove provisio	ons and agree	to
I have read and fully comply by said provisions.			ons and agree	to
I have read and fully comply by said provisions.			ons and agree	to
I have read and fully comply by said provisions.	PPLICANT(S) SIGNATUR	RE	ons and agree	***
I have read and fully comply by said provisions.  AP	PPLICANT(S) SIGNATUR	RE	******	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE  ***********************************	RE ************************************	******	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATUR	RE ************************************	******	***
I have read and fully comply by said provisions.  AP **********************************	PPLICANT(S) SIGNATURE  ***********************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE  ***********************************	RE ************************************	******	***
I have read and fully comply by said provisions.  AP **********************************	PPLICANT(S) SIGNATURE ************************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP **********************************	PPLICANT(S) SIGNATURE ************************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE ************************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE ************************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE ************************************	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATUR  ********************************  INSPECTOR  Approved  Approve	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE STATE AND APPROVED APPROVE	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE STATE ST	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE STATE ST	RE ************************************	**************	***
I have read and fully comply by said provisions.	PPLICANT(S) SIGNATURE STATE ST	RE ************************************	**************	***
I have read and fully comply by said provisions.  AP  *********************************	PPLICANT(S) SIGNATURE STATE ST	RE ************************************	**************	***

3-7-90

HOOKED ONTO JEWER 7949 BRONSWAY Add TRAILOR - ANNUALLY #16.45 /MONTH #250 TAP + 25 INSP/ADMIN CAW HOR KARDAVIS

920 S Broadway Tim McCurdy 2022

