

Rev. 11/84

FALL CREEK REGIONAL WASTE DISTRICT US 36?

Box 44, Pendleton, Indiana 46064

2-0000820

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APPLICATION FOR SEWER PERMIT Nº 000880
Permit No. Date Dec 4, 1985
Permit Void 90 days from Date of Issuance
Owner Name Oret O'Corron SHARON SHAVING
Property Address RR 4 Boy 56 Protect
Lot #P.O. Box
Town Posseleton, IN Zip Code 46064
Phone Water Meter"
\$150_00_ Tap on Fee Paid
\$ 05.00 Inspection fee paid
Application is hereby made for connection to the Fall Creek Regional Waste District Sewer System for the above listed property - Permit Type: Residential, Commercial, Industrial, or Governmental/ Institutional User Information
All workmanship and materials shall conform to the standards of the District Ordinance as described in Ordinance 84-2 and 84-3 as amended. Acceptance and approval must be made by the District inspector or his duly authorized representative before backfilling and final connection is made to the main sewer lines. Any violation of applicable regulations will cause all lines and appurtenances in violation to be removed and replaced at the owners expense.
The Fall Creek Regional Waste District is responsible for the inspection, approval of materials, and installation techniques only. All costs for materials and installation and any liabilities resulting from same is the sole responsibility of the property owner.
T have read and fully understand the above provisions and agree to
I have read and fully understand the above provisions and agree to comply by said provisions.
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APPLICANT(S) SIGNATURE ***********************************