

Non-Members must be called directly.

CITY OF MASSILLON, OHIO

151 LINCOLN WAY EAST MUNICIPAL GOVERNMENT ANNEX CITY ADMINISTRATION BUILDING MASSILLON, OHIO 44646 PHONE 330-830-1722 FAX 330-830-1786

| PERMIT | DATE: |
|--------|-------|
| | |

7/31/2007

PERMIT NO.

3807

REPART TO TAB CARITABU CEMIER

| his permit is issued subje | ct to the latest Codified Ordinances of t | he City of Massillon, OH. The City E | ngineer to be notified 24 hours in advance | |
|--|--|--------------------------------------|--|--|
| | 722. All permits issued under this ordina | | | |
| RECEIVED OF: PERMIT 191 CONTRACTOR INFORMATION | | | SITE INFORMATION | |
| CONTRACTOR: | BUILDERS EXCAVATING | OWNER'S NAME: | MASSILLON HOMES II LLC | |
| CONTACT: | | STREET NUMBER | The second secon | |
| ADDRESS: | Tiliyin | STREET NOMBER STREET NAME: | ERIE ST S | |
| CITY: | Manual Services and Control of the C | CITY LOT NUMBE | A CONTRACTOR OF THE CONTRACTOR | |
| STATE: | min commission of min of the min of min of the min of min | PURPOSE OF CUT | | |
| ZIP: | | ZONING CLASS: | T: SANITARY | |
| PHONE: | (440) 717-6700 | STREET SIDE: | WEST | |
| FAX: | | | WEST | |
| | | PHONE OTHER: | (216) 475-8900 | |
| SURETY: | | | ork outside of the building ONLY. Any work inside at to the Massillon Board of Health Regulations. | |
| SANITARY SEV | VER CONNECTION: | SKETCH: DF | RAWING #: #3807 | |
| USAGE: RESIDE | ENTIAL () COMMERCIAL () INDUST | RIAL | 1 | |
| DATE INSPECTE | D 8/21/07 | | | |
| located on the | west side of | 76 | S7 Erie ST S | |
| Erie 54 5 | E betwee | en | | |
| Maple Au | バビ うE and | <u></u> | 3' - ↓ -> | |
| Curley ct | | | Z.> | |
| Direction from do | wnstream Manhole: | | -24' | |
| Distance from do | wnstream Manhole: | | -27 | |
| Connection Leng | th: 24 0.00 (FEET) | Lateral to be | | |
| Connection Deptl | n: / 0 (FEET) | extended by of | hers ¹ 6'dp | |
| Size of Sewer Pip | e: L | (INCHES) | | |
| Pipe Material: | Pvc | inspection | REQUEST: | |
| INSPECTORS NA | | SANITARY SE | WER PERMIT FEE: \$100.00 | |
| COMMENTS: | <u> </u> | | WEIGHT FEE. | |
| | Stubbed lateral or | ut 241 | TOTAL COST: \$400.00 | |
| TWO WORK | I COMPANY CONTRACTOR C | 1 | TOTAL COST: \$100.00 | |
| | NG DAYS BEFORE YOU DIG illities Protection Service | AUTHORIZED BY: | DIRECTOR OF PUBLIC SAFETY AND SERVICE | |
| | 00-362-2764 Toll Free | ISSUED BY: | LINDA MIKUTEL | |