

N^o 11156

**FOLLOWING DATA TO BE ANSWERED BY INSPECTOR
AND SIGNED WHEN RETURNED**

DATE INSPECTED _____ IF SO, HOW AND LOCATION FROM
FIRST MANHOLE DOWN STREAM _____

HOUSE NO. _____ DISTANCE FROM FIRST MANHOLE
DOWN STREAM TO DITCH AT
CURB LINE AND DEPTH _____

SIZE OF PIPE USED _____

WAS LATERAL AT CURB? _____

WAS ATTACHED TO MAIN _____ NAME OF CONTRACTOR _____

SHOW BY DIAGRAM RELATION OF LATERAL TO WALL OF BUILDING SERVED.

SIGNED _____ FILED AT ENGINEER'S OFFICE _____

Inspector for City

REMARKS _____

Nº 11156

OFFICE OF THE DIRECTOR OF PUBLIC SERVICE
PERMIT TO TAP SEWER

MASSILLON, OHIO, _____

10/04/201

RECEIVED OF _____

FEE OF \$ _____

51

FOR WHICH PERMISSION IS GRANTED _____

Nickel Excavating

REPAIR
TO TAP
CUTOFF

tap sanitary

SEWER ON THE _____

East

SI

OF _____

Wheeler Circle NW AVE.

ST. TYPE OF STREET _____

asphalt

THE PREMISES BEING LOT NO. _____

15654

HOUSE NO. _____

11260

WORK TO BE DONE IN ACCORDANCE WITH ORDINANCE NO. 19.1971 DULY PASSED BY THE CITY COUNCIL, AND RULES OF THE
DEPARTMENT OF PUBLIC SERVICE.

NAME OF CONTRACTOR _____

Nickel Excavating

**Note: This permit covers work outside of building only. Any work inside
walls of building is subject to Massillon Board of Health regulations.**