

TOWN OF PORTER
303 Franklin Street
Porter, Indiana 46304

SEWER CONNECTION PERMIT

DATE _____ 20 _____

PERMIT # _____

FEE \$ _____

CONNECTION ADDRESS

OWNERS NAME

ADDRESS

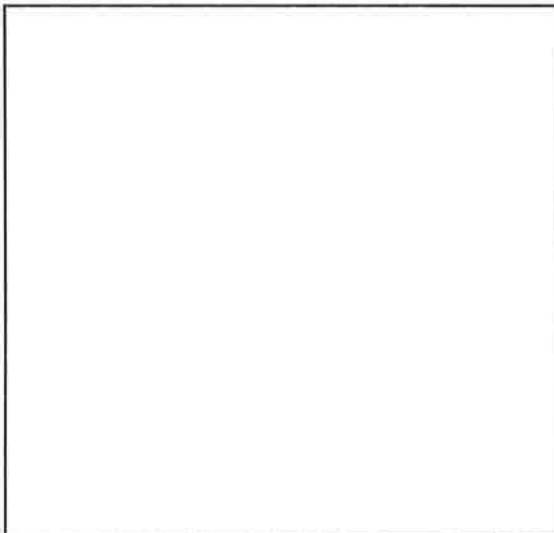
PHONE

CONTRACTORS NAME

ADDRESS

PHONE

Storm Water and/or Footing
Drain System After Connection



Direction
of North

1st Inspection

CHANGES REQUIRED

Date _____ Approved _____

2nd Inspection Date _____ Approved _____

3rd Inspection Date _____ Approved _____

4th Inspection Date _____ Approved _____

Street _____

I certify that I have made myself thoroughly familiar with the "SEWER REGULATIONS AND STANDARDS" of the Town of Porter and all work will meet or exceed those standards. I further understand that any work that does not meet said standards could cause the revocation of my bond or deposit in order to correct any such work.

CONTRACTOR OR OWNER