

REMAX REALTY 2000

9192179800

05/22/02 16:15 10/11 NO:234

W08: 95:60 20/90/50 : 31V0 07AT33B

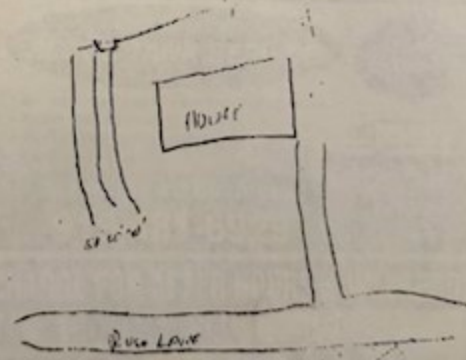
FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER	DATE	OWNER
IMPROVEMENT PERMIT	5/24/02	
APPLICANT 1140111 1111 5100 2101000 201011 11 21011		
TELEPHONE	DESCRIPTION - EYEW	LIFETIME
COMMENT	☒	☐
LOCATION / DIRECTIONS	SIGNATURE OF OWNER OR AUTHORIZED AGENT	
YES		

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

#BEDS 3 DISPOSAL 1111 OTHER NITRIFI 1111 TYPE, SYS 1111
 SZ. TANK 1111 SZ. CHAM 1111 HYPER. REQ 1111
 SITE, LOC 1111
 REMARKS:

CONTRACTOR DAVID GARDNER
 PERM. MANUF 2111111
 MANUF DATE 1111111



ISSUED 5/24/02
 DATE APPROVED 5/24/02

SANITARIAN [Signature]
 SANITARIAN [Signature]

VER 01:00 N18 01/01/20