

CITY OF MERCER ISLAND

STORM DRAINAGE AS BUILT

PERMIT NO. _____

New Repair Reconnect

MAIN PERMIT NO. _____

SKETCH NTS

Owner _____ Address _____ Contractor _____

Date Permit Issued _____ Date Job Completed and Accepted _____ By _____

- | | | |
|----|--------------------|---|
| 1. | Type of pipe _____ | Size _____ |
| 2. | New C.B in R/W | Yes No |
| 3. | Map No _____ | <input type="checkbox"/> <input type="checkbox"/> |
| 4. | Copy to DSG | |

Remarks: _____
