

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

534-1-0-0

PROPERTY ADDRESS

Town Or Plantation	PLANTATION
Street Subdivision Lot #	Four 47 - 140 No. Box 1
PROPERTY OWNERS NAME	
Last: <u>Samuel</u>	First: <u>Norman</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	140 No. Box 1 04239

DATE PERMIT ISSUED: <u>2, 23, 98</u>	TOWN COPY	Double Fee Charged
Local Plumbing Inspector Signature: <u>G. Samuel</u>	Date Approved: <u>6/24/98</u>	

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Norman St. Pierre Date: 6/24/98

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: Mark Dery Date Approved: 6/24/98

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>Home Health Center</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1690</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	1	Wash Basin <u>1 1/2'</u>
OR TRANSFER FEE [\$6.00]		Indirect Waste	1	Water Closet (Toilet) <u>3"</u>
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor	1	Garbage Disposal <u>2"</u>
		Bidet	1	Laundry Tub <u>1 1/2'</u>
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			4	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE