| PLUMBING APPLICATION | | | | Division of Health Engineering | | | |
|--|-----------------------------|----------------------------------|--------------------------------|--|---------------------------------------|--|--|
| PROPERTY ADDRESS | | | | | | | |
| Plantation | | | | | | | |
| Street Subdivision Lot # | | | | - POBILANA 3 21 | POBJEAND 3 31 401 7224 24-JOHN COPY | | |
| PROPERTY OWNERS NAME | | | | Permit 3 3 9 14 3 4 10 WN COPY M Double Fee Charged | | | |
| Last: First: | | | | 1 December | ignature | CPI. # O1/1-14 | |
| Applicant Name: | | | | | - 10 X | ALTERNATION PROPERTY AND ALL | |
| Mailing Address of Owner/Applicant (If Different) | | | | | | | |
| 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 Inspectors to deny a Permit. | | | | Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. | | | |
| Signature of Owner/Applicant Date | | | | Local Plumbing Inspector Signature Date Approve | | | |
| | | MAR SEPTISIE | PERM | IT INFORMATIO | | | |
| This Application is for Ty | | | rpe of Structure To Be Served: | | SEL ANS CHEVE | Plumbing To Be Installed By: | |
| | | | FAMILY DWELLING | | | 1. □ MASTER PLUMBER | |
| | | | MODULAR OR MOBILE HOME | | 2. OIL BURNERMAN | | |
| PLIMBING | | | PLE FAMILY DWELLING | | 3. MFG'D. HOUSING DEALER/MECHANI | | |
| | | | | | | 4. □ PUBLIC UTILITY EMPLOYEE 5. □ PROPERTY OWNER | |
| | | | | | LICENSE # | | |
| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | | | Number | Column 2 Type of Fixture | Number | Column 1 | |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | | Number | Hosebibb / Sillcock | Number | Type of Fixture Bathtub (and Shower) | | |
| | | the connection I inspected by | | Floor Drain | | Shower (Separate) | |
| | OR | | | Urinal | | Sink | |
| HOOK-UP: to an existing subsur | | | | Orbiting Fountain | | Wash Basin | |
| was | wastewater disposal system. | | -X | In iron W.st | | Water Closet (Toilet) | |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | | | Water Treatraent Softer 1, Fater, etc. | | Clothes Washer | |
| | | | Grease / Oil Separator | | Dish Washer | | |
| | | | | Dental Cuspidor | | Garbage Disposal | |
| OR TRANSFER FEE [\$6.00] | | | | Bidet | | Laundry Tub | |
| | | | | Other: | _ | Water Heater | |
| | | | | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 | |
| | | | Y | | → | Fixtures (Subtotal) Column 2 | |
| SEE PERMIT FEE SCH FOR CALCULATING | | | | | 7 | Total Fixtures | |
| | | | | NG FEE | | Fixture Fee | |
| | | | | | | Transfer Fee | |
| 1 <u> </u> | | | | | | Hook-Up & Relocation Fee | |
| Page 1 of 1 HHE-211 Rev. 6;94 | | | | | | Permit Fee (Total) | |