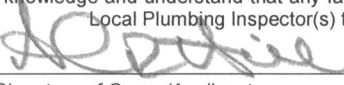
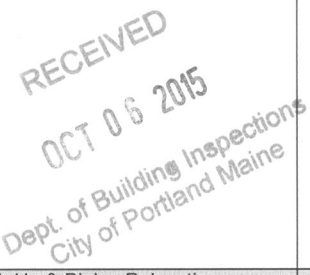




PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS																																																												
Street:	195 Kennecott ST																																																											
CBL:	034 0009																																																											
PROPERTY OWNER(S) NAME																																																												
OWNER NAME:	Northland Enterprises																																																											
Applicant Name:	Alan Hill																																																											
Mailing Address of Owner/Applicant (if Different)	92 Bowdoinham Rd Sebastes ME 04280																																																											
E Mail:																																																												
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(s) to deny a permit.  Signature of Owner/Applicant Date: 10/6/15																																																												
Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. LPI Signature _____ Date Approved (Final) _____																																																												
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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 RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY <u>Commercial</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Alan P. Hill</u> 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>2577</u>																																																										
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE [\$10.00]	<table border="1"><thead><tr><th>Number</th><th>Column 2 Type of Fixture</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr><tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr><tr><td><input type="checkbox"/></td><td>Urinal</td></tr><tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr><tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr><tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr><tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Roof Drain</td></tr><tr><td><input type="checkbox"/></td><td>Bidet</td></tr><tr><td><input type="checkbox"/></td><td>Other: _____</td></tr><tr><td colspan="2">Fixtures (Subtotal) Column 2</td></tr></tbody></table> Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	Number	Column 2 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input checked="" type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	Fixtures (Subtotal) Column 2		<table border="1"><thead><tr><th>Number</th><th>Column 1 Type of Fixture</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr><tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr><tr><td><input type="checkbox"/></td><td>Sink</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Wash Basin</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Water Closet (Toilet)</td></tr><tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr><tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr><tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr><tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr><tr><td><input type="checkbox"/></td><td>Water Heater</td></tr><tr><td colspan="2">Fixtures (Subtotal) Column 1</td></tr><tr><td colspan="2">TOTAL FIXTURES</td></tr><tr><td colspan="2">Fixture Fee</td></tr><tr><td colspan="2">Transfer Fee</td></tr><tr><td colspan="2">Hook-Up & Relocation Fee</td></tr><tr><td colspan="2">PERMIT FEE (TOTAL)</td></tr></tbody></table> Please call 874-8703 with your permit # to schedule inspections! <u>90</u>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input checked="" type="checkbox"/>	Wash Basin	<input checked="" type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	Fixtures (Subtotal) Column 1		TOTAL FIXTURES		Fixture Fee		Transfer Fee		Hook-Up & Relocation Fee		PERMIT FEE (TOTAL)	
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