Department of Health and Human Services **PLUMBING APPLICATION** Division of Environmental Health **PROPERTY ADDRESS** Town or Plantation Street Subdivision Lot # PERMIT # 10589 TOWN COPY PROPERTY OWNERS NAME Last: Applicant Name: Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement Caution: Inspection Required I certify that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in knowledge and understand that any falsification is reason for the Local compliance with the Maine Plumbing Rules. Plumbing Inspectors to deny a Permit. Signature of Owner/Applicant Local Plumbing Inspector Signature Date Approved PER MIT INFORMATION This Application is for Type of Structure To Be Served: Plumbing To Be Installed By: 1. NEW PLUMBING SINGLE FAMILY DWELLING 1. MASTER PLUMBER 2. ☐ OIL BURNERMAN 2. MODULAR OR MOBILE HOME **RELOCATED PLUMBING** 3. MFG'D. HOUSING DEALER/MECHANIC 3. MULTIPLE FAMILY DWELLING 4. DUBLIC UTILITY EMPLOYEE 4. OTHER - SPECIFY 5. PROPERTY OWNER LICENSE # Hook-Up & Piping Relocation Column 2 Column1 Maximum of 1 Hook-Up Number Type of Fixture Number Type of Fixture HOOK-UP: to public sewer in Hosebib / Sillcock Bathtub (and Shower) those cases where the connection is not regulated and inspected by the local Sanitary District. Floor Drain Shower (Separate) Urinal Sink HOOK-UP: to an existing subsurface Drinking Fountain Wash Basin wastewater disposal system. Indirect Waste Water Closet (Toilet) PIPING RELOCATION: of sanitary lines, drains, and piping without Water Treatment Softener, Filter, etc. Clothes Washer new fixtures. Grease / Oil Separator Dish Washer Roof Drain Garbage Disposal OR Bide Laundry Tub Other: Water Heater TRANSFER FEE ITY OF PORTL [\$6.00] Fixtures (Subtotal) Fixtures (Subtotal) Column 2 Column 1 Fixtures (Subtotal) Column 2 SEE PERMIT FEE SCHEDULE **Total Fixtures** FOR CALCULATING FEE Fixture Fee Transfer Fee

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Hook-Up & Relocation Fee Permit Fee

(Total)