	PLUMBING APPLICAT	Department of Human Services Division of Health Engineering (207) 289-3826			
59-F-013	PROPERTY ADDRESS Town Or Plantation Street GR HAND, MIR Subdivision Lot # GI PROPERTY OWNERS NAME PROPERTY OWNERS NAME Last: MILACHALID First: Babb Applicant TAMES Mailing Address of Owner/Applicant GRADE OF ST Mailing Address of Owner/Applicant Mailing Address of Owner/Applicant				
	Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any Talsification is reason for the Local Plumbing respector to deny a fermit. Signature of Owner/Applicant Date		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. I have inspected the installation authorized above and found it to be in compliance. I have inspected the installation authorized above and found it to be in compliance. I have inspected the installation authorized above and found it to be in compliance. I have inspected the installation authorized above and found it to be in complexity. I have inspected the installation authorized above and found it to be in complexity. I have inspected the installation authorized above and found it is a complexity. I have inspected the installation authorized above above and found it is a complexity. I have inspected the inspected above ab		
		PERM	IT INFORMATION		
	1. □ NEW PLUMBING 1. □ SIN 2. □ RELOCATED 2. PLUMBING 3. □ MUI	Type Of Structure To Be Served: 1. □ SINGLE FAMILY DWELLING 2. □ MODULAR OR MOBILE HOME 3. □ MULTIPLE FAMILY DWELLING 4. □ OTHER — SPECIFY		Plumbing To Be Installed By: 1. MASTER PLUMBER 2. OIL BURNERMAN 3. MFG'D. HOUSING DEALER / MECHANIC 4. PUBLIC UTILITY EMPLOYEE 5. PROPERTY OWNER LICENSE # 2. 1. 2.	
	Hook-Up & Piping Relocation		Column 2		Column 1
	Maximum of 1 Hook-Up Numb		Type of Fixture	Number	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by		Hosebibb / Sillcock Floor Drain	1	Bathtub (and Shower) Shower (Separate)
	the local Sanitary District.		Urinal	,	Sink
	HOOK-UP: to an existing subsurfa		Drinking Fountain		Wash Basin
	wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
	Number of Hook-Ups & Relocations		Grease / Oil Separator		Dish Washer
	S . Hook-Up & Relocation Fee		Dental Cuspidor	Ĩ	Garbage Disposal
	OR		Bidet		Laundry Tub
	TRANSFER FEE		Other:		Water Heater
	[\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SO FOR CALCULATIN				Fixtures (Subtotal) Column 2
				2	Total Fixtures
				\$	Fixture Fee
L				\$	Transfer Fee
	L			\$.	Hook-Up & Relocation Fee
	Page 1 of 1 HHE-211 Rev. 7/93	i		s / 2.	Permit Fee (Total)