

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

2014 60886

PROPERTY ADDRESS

Town or Plantation	Maine Med C.S.D
Street Subdivision Lot #	22 Bramhall St

PROPERTY OWNERS NAME

Last: Maine Med First: _____


Applicant Name: Matthew Blaszewski

Mailing Address of Owner/Applicant (If Different): _____

2014 01590 7/18/14

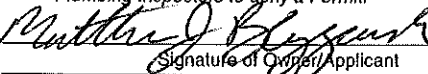
Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

053 D007  36

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.

 _____ 7-3-14
Signature of Owner/Applicant Date

Caution: Inspection Required

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

_____ 7-3-14
Local Plumbing Inspector Signature Date Approved

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>Hospital</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>09085</u>
---	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain	3	Shower (Separate)	
		Urinal		7	Sink
		Drinking Fountain			Wash Basin
		Indirect Waste	1		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.			Clothes Washer
		Grease / Oil Separator			Dish Washer
		Roof Drain			Garbage Disposal
		Bidet			Laundry Tub
		Other: _____			Water Heater
OR TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1	
			4	Fixtures (Subtotal) Column 2	
			11	Total Fixtures	
				Fixture Fee	
				Transfer Fee	
				Hook-Up & Relocation Fee	
				Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE