PROPERTY ADDRESS Town or Plantation Street Subdivision Lot # 144 First: Roager Applicant Name: Railing Address of Owner/Applicant (If Different) 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. Signature of Owner/Applicant Date		#3 5.11	Department of Human Sciences OC Division of Health Engineering	
		PORTLAND Date Permit Substitute Substitute Permit Permit		
1. D NEW PLUMBING 1. D SINGLE 2. RELOCATED 2. D M 2. MULTIPL	Type of Structure To Be Served: GLE FAMILY DWELLING MODULAR OR MOBILE HOME LTIPLE FAMILY DWELLING HER - 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	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up HOOK-UP: to public sewer in	Number	Column 2 Type of Fixture sebibb / Sillcock	LICENSI	Column 1 Type of Fixture Bathtub (and Shower)
those cases where the connection is not regulated and inspected by the local Sanitary District.	Floo	or Drain		Shower (Separate) Sink Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Indirect Waste Water Treatment Softener, Filter, etc. Grease / Oil Separator		/ /	Water Closet (Toilet) Clothes Washer
OR	Den	tal Cuspidor	1	Dish Washer Garbage Disposal Laundry Tub
I		Fixtures (Subtotal) Column 2	12	Water Heater Fixtures (Subtotal) Column 1 Fixtures (Subtotal) Column 2
	ALCULATING		2 - 94	Total Fixtures Fixture Fee Transfer Fee Hook-Up & Relocation Fee Permit Fee (Total)