| PLUMBING APPLICATION | | | Department of Health and Human Services | | | |
|---|--|--|--|------------------------------|---|--|
| PROPERTY ADDRESS | | | Division of Environmental Health Town/City Permit # | | | |
| Town or | | | Permit# | | | |
| Plantation Portland Street or | Date Permit Issued//_ Fee: \$ Double Fee Charged [] | | | | | |
| Subdivision 470 Forest Ave | L.P.I. # | | | | | |
| PROPERTY OWNER(S) NAME | | | Local Plumbing Inspector Signature | | | |
| Last: United Insurance First | | | | | | |
| Applicant Applicant | | | | | | |
| Name: Granite Corp | ****** | | The Internal Plumbing Fix | vtures an | d Pining shall not | ho installed until a |
| Mailing Address of Owner/Applicant PO Box 370 | | | Permit is issued by the Lo | ocal Plum | nbing Inspector. | The Permit shall |
| (if Different) Oakland, Me 04963 | | | authorize the owner or installer to install the plumbing system in | | | |
| Owner/Applicant Statement | | | accordance with this application and the Maine Subsurface Wastewater Disposal Rules. | | | |
| I certify that the information submitted is correct to | the hest | of my | Disposal ixules. | | | |
| knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit. | | | Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. | | | |
| | | | | | | |
| August 24, 2015 | | | Date Approved (Rough-in) | | | |
| Signature of Owner/Applicant | Date | | | | · | |
| | | | LPI Signature | | | Date Approved (Final) |
| | | | | | <u> </u> | <u> </u> |
| The American Control of | | | INFORMATION | | Discontinue | |
| This Application is for | ! | ype of St | ructure to be Served | | Plumbing to be insta | alled by: |
| 1. NEW PLUMBING | | | | 4 7/ 14/ | OTED DILINGED | |
| | 1. [SIN | IGLE FAMI | LY RESIDENCE | 1. X IVIA | ASTER PLUMBER I | Cevin A Purnell |
| 2. X RELOCATED PLUMBING | 2. [MODULAR OR MOBILE HOME | | | 2 [01 | L BURNERMAN | |
| | 2. I WODULAR OR WOBILE HOME | | | 2. [0 | L DOTATE AND THE | e de la companya de La companya de la co |
| | 3. [MULTIPLE FAMILY DWELLING 4. X OTHER-SPECIFY Office Building | | | 3. [MF | G'D HOUSING DE | EALER / MECHANIC |
| | | | | 4. [PUBLIC UTILITY EMPLOYEE | | |
| | | | | | | |
| | | • | | 5. [PROPERTY OWNER | | |
| | | | | | | |
| | | | | | | 1111 |
| Hook-Up & Piping Relocation | Column 2 | | | LICENSE # M S 8 0 0 2 | | |
| Maximum of 1 Hook-Up HOOK-UP: to public sewer by | Number | | Type of Fixture | Number | 1 | |
| those cases where the connection | | Hosebib / S | illicock | | Bathtub (and Shower) | |
| is not regulated and inspected by | 1 1 | Urinal | | 1 1 3 | Shower (separate) Sink | |
| the local sanitary district. | - | Drinking Fo | untain | | Wash Basin | |
| | | Indirect Was | | 5 | | |
| HOOK-UP: to an existing subsurface | | ' <u>'</u> | | 1 1 | 1 | |
| wastewater disposal system | | Grease / Oil | ment Softener, Filter, Etc. | 1 1 | Clothes Washer Dish Washer | |
| | | Roof Drain | i Separator | | Garbage Disposal | <u> </u> |
| PIPING RELOCATION: of sanitary | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | |
| lines, drains, and piping without | | Bidet Other: | | 1-1-1-1 | Laundry Tub | |
| new fixtures. | | CTELESCO DE LE CENTRA DE LA CENTRA DELICIPATRA DE LA CENTRA DELICIPATRA DE LA CENTRA DELICIPATRA D | btotal) Column 2 . | | Water Heater Fixtures (Subtotal) Col | |
| | the eventual overfit | Ti ixidica (Ou | picial) columniza | 1 1 1 | Fixtures (Subtotal) Colu | Whitesanasa contribution respectively. |
| OR | | · · · · · · · · · · · · · · · · · · · | | 16 | nnemer entrement of the constitution is a section which | |
| | | | | areas el a degonamentos | TOTAL FI | ATURES |
| TRANSFER FEE | | | | 10 | Fixture Fixture | Fee Property Community Com |
| [\$10.00] | 1 1 1 | OFF DEE | WIT FEE COLLEGE | | Transfei | iFee in the second seco |
| | | FOR CA | MIT FEE SCHEDULE ALCULATING FEE | | Hook-Up & R | telocation Fee |
| | | 1 | | 170 | PERMITE | EE (TOTAL) |
| | Owner | Town Co | ppy State Copy | | | |
| | L Cwilet | Liowiica | -61 Carara cohà | | | PAGE 1 OF 1 HHE-211 Rev. 08/2011 |