PLUMBING APPLICATION		Division of Health Engineering		
Town or Plantation PAT ANDRESS Street Subdivision Lot # 450 Box TC BUNG PROPERTY OWNERS NAME Last: JCh First: GC JCh AM Applicant Name: Mark Nice / V Mailing Address of Owner/Applicant (If Different) Po box 568 Coch M ME. 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		Date Permit 3 4 8 5 6 6 6 6 6 6 6 6 6		
Plumping Inspectors to deny a Permit. 1-4-04				
Signature of Owner/Applicant Date Local Plumbing			n Inspector Signature Date Approve	
PERMIT INFORMATION				
This Application is for Type of Structure To Be Served:			Plumbing To Be Installed By:	
1. SINGLE FAMILY DWELLING 2. RELOCATED PLUMBING 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY JOOL NOW SE			1. ★MASTER PLUMBER 2. □ OIL BURNERMAN 3. □ MFG'D. HOUSING DEALER/MECHANIC 4. □ PUBLIC UTILITY EMPLOYEE 5. □ PROPERTY OWNER LICENSE # L. Z.6.46	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1
HOOK-UP: to public sewer in those cases where the connection	/ / Hos	sebibb / Sillcock	Number	Type of Fixture Bathtub (and Shower)
is not regulated and inspected by the local Sanitary District.		Floor Drain		Shower (Separate)
OR Urina		al	0,2	Sink
HOOK-UP: to an existing subsur wastewater disposal system.	face Drin	king Fountain		Wash Basin
PIPING RELOCATION: of sanitar	1 1 1	rect Waste	0,1	Water Closet (Toilet)
lines, drains, and piping without new fixtures.		r Treatment Softener, Filter, etc.		Clothes Washer
	Grea	ase / Oil Separator		Dish Washer
	Den	tal Cuspidor		Garbage Disposal
OR		t		Laundry Tub
TRANSFER FEE	Othe		01	Water Heater
[\$6.00]		ixtures (Subtotal) Column 2	1 5	
FC	PERMIT FEE SCHE OR CALCULATING F		8	Total Fixtures
Page 1 of 1 HHE-211 Rev. 6;94			54	Permit Fee (Total)

STATE CODY