PLU	MBING AP		N	155-A-	024	Department of Human Services Division of Health Engineering	
Town Or Plantation	Portland	ADDRESS					
Street Subdivision Lot # 79 Torrey			PORTLAND	PORTLAND 5800 TOWN COPY			
PROPERTY OWNERS NAME				Date Permit Issued:	1961	\$ Double Fee Charged	
Last: (() `De	noll Fi	rst: P4++	Bet	Local Primperig-Inspecto	r Signature	L.P.I. # 0, 1,2,4	
Applicant Name: ANDY MAC MILL			Al				
Mailing Address of Owner/Applicant (If Different) Mailing Address of Owner/Applicant Particles Address of Particles Address of Particles Address of Owner/Applicant Owner/			KL				
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 Inspector to deny a Permit.				Caut	Caution: Inspection Required		
				I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.			
Signature of Owner/Applicant			Date	Local Plumbing Ins	spector Signature	Date Approved	
		a training	PER	MIT INFORMATION	747		
This Application is for Typ		Туре	Of Struc	cture To Be Served:	Plu	Plumbing To Be Installed By: 1. MASTER PLUMBER	
1. ☐ NEW PLUMBING 1. ☐ SING		1. ⊯ SINGLE	FAMILY	DWELLING	Y 1		
2. ☐ RELOCATED 2.			MODULA	R OR MOBILE HOME		2. ☐ OIL BURNERMAN 3. ☐ MFG'D. HOUSING DEALER / MECHANI	
				LY DWELLING		4. □ PUBLIC UTILITY EMPLOYEE	
		4. □ OTHER	R — SPECIFY		5. □ PROPERTY OWNER		
		the time of the con-	(Single)		LICENSE	= # <u>D.7.7.3.3</u>	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up			Column 2 Number Type of Fixture		Column 1 Number Type of Fixture		
/ _ #6	HOOK-UP: to public sew		100 pg	Hosebjbb / Sillcock		Bathtub (and Shower)	
those cases where the connection is not regulated and inspected the local Sanitary District. OR HOOK-UP: to an existing subs wastewater disposal system.		spected by	ı	Floor Drain	1	Shower (Separate)	
			ı	Urinal		Sink	
		ing subsurface	1	Drinking Fountain		Wash Basin	
			1	Indirect Waste		Water Closet (Toilet)	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		is of sanitary ng without	1	Water Treatment Softener, Filter, etc		Clothes Washer	
Y OR				Grease / Oil Separator		Dish Washer	
			1	Dental Cuspidor		Garbage Disposal	
			L	Bidet		Laundry Tub	
	TRANSFER FEE			Other:	_	Water Heater	
[\$6.00]				Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1	
					→	Fixtures (Subtotal) Column 2	
SEE PERMIT FEE SCHEDULE					7	Total Fixtures	
FOR CALCULATING					\$	Fixture Fee	
					→ \$	Transfer Fee	
					\$ 4	Hook-Up & Relocation Fee Permit Fee	
Page 1 of 1 HHE-211 Rev. 6/94 TOWN COPY					le /)	(Total)	