PLUMBING APPLICATION			. Department of Human Sciences Division of Health Engineering		
PROPERTY A	DDRESS				
Town or Plantation Street Subdivision Lot # 12 + Brad lay St PROPERTY OWNERS NAME			Date Permit	300	S XO J X
Applicant Name: Carony Waltz			Logal Plumbing Insector Signature		
Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement 04106			Caution: Inspection Required		
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 UNTEL IN INFORMATION INFORMATIN			I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. Local Plumbing Inspector Signature Date Approv		
			TINFORMATION	spector Signature	
This Application is for				Plun	nbing To Be Installed By:
1. № NEW PLUMBING 1. Ø SINGLE FAMILY DWELLI 2. □ RELOCATED 2. □ MODULAR OR MO PLUMBING 3. □ MULTIPLE FAMILY DWEL 4. □ OTHER - SPECIFY			OBILE HOME	1.	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	N	umber	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			Hosebibb / Sillcock Floor Drain		Bathtub (and Shower) Shower (Separate)
		Urinal Drinking Fountain			Sink Wash Basin
wastewater disposal system.		Indirect Waste			Water Closet (Toilet)
		Water Treatment Softener, Filter, etc. Grease / Oil Separator			Clothes Washer Dish Washer
		Dental Cuspidor			Garbage Disposal
OR		Bidet			Laundry Tub
		С	Other:]	Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		1	Fixtures (Subtotal) Column 1
	SEE PERMIT				Fixtures (Subtotal) Column 2 Total Fixtures Fixture Fee Transfer Fee
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