| PLUM | BING APPLICA | ATION | | | Department of Health and Human Services Division of Health Engineering | |
|--|---|--|---|--|--|--|
| | ROPERTY ADDRESS | | | | | |
| Town or Plantation | PORTLAND | _ | 07-8055 | | | |
| Street Subdivision Lot # | 50 EWAL | (T 38 | | PORTLAND PERMIT # 10201 TOWN COPY | | |
| | PERTY OWNERS N | AME FLOO | Permit Sissued: | issued. | | |
| SAYSIDE 2 | MPLOYER HEA | LIH CTR. | Local Plumbing Inspector S | Local Plumbing Inspector Signature LP.I. # 017.3P | | |
| Applicant Name: Mailing Address of | PAROX 6308 | - 120 | 189 H 031 | | | |
| Owner/Applicant (If Different) SCARROROUGH ME. 04070 | | | 70 | Caution: Inspection Required | | |
| Loortify that the i | Owner/Applicant States information submitted is correct inderstand that any falsification | to the best of my | I have inspected the | I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. | | |
| Plumbing Inspectors to deny a Permit. | | | | | | |
| | Signature of Owner/Applicant | | Local Plumbing Inspector Signature Date Appro | | | |
| | | PERM | IT INFORMATION | 27 | | |
| This Applicat | This Application is for Typ | | e of Structure To Be Served: | | Plumbing To Be Installed By: | |
| Tillo Application | | | FAMILY DWELLING | | 1. MASTER PLUMBER | |
| 2 \ M | | | ODULAR OR MOBILE HOME | | 2. OIL BURNERMAN | |
| 2. RELOÇA PLUMBIN | IG 3 MI | ILTIPLE FAMILY D | F FAMILY DWELLING | | 3. ☐ MFG'D. HOUSING DEALER/MECHANIC 4. ☐ PUBLIC UTILITY EMPLOYEE | |
| 4. OTHER - SPECIFY | | | E METALL ICLY VII I | | ERTY OWNER | |
| | | | | LICENSE | 1 / 0 0-71 | |
| Hook-Up & Piping Relocation Number | | | Column 2 Type of Fixture | Number | Column 1 Type of Fixture | |
| | HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Sillcock | | Bathtub (and Shower) | |
| those | | | Floor Drain | | Shower (Separate) | |
| | | | Urinal | 1.0 | Sink | |
| HOC | | | Drinking Fountain | 0 2 | Wash Basin | |
| wast | | | Indirect Waste | 0,4 | Water Closet (Toilet) | |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | ary | Water Treatment Softener, Filter, etc. | | Clothes Washer | |
| liew | iixtures. | | Grease / Oil Separator | | Dish Washer | |
| | | | Dental Cuspidor | | Garbage Disposal | |
| | YOR | | Bidet | 0,1 | Laundry Tub | |
| | | | Other: | | Water Heater | |
| | TRANSFER FE [\$6.00] | E | Fixtures (Subtotal) Column 2 | 6 | Fixtures (Subtotal) Column 1 | |
| | · · · · · · · · · · · · · · · · · · · | | | → | Fixtures (Subtotal) Column 2 | |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | | 17 | Total Fixtures | |
| | | FOR CALCULA | IIING FEE | — | Fixture Fee | |
| 1 | | | · | | Transfer Fee Hook-Up & Relocation Fee | |
| N . | | AND AND THE PROPERTY OF THE PR | | | HOOK-UP & REIOCARON FEE | |

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Permit Fee (Total)