PROPERTY ADDRESS Scholar Substitute Property Prop	PLUMBING APPLICATI	Department of Health and Human Service: Division of Environmental Health			
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Applicant Moliting Admissed of Commandation Statement I certify that the information submitted is common to the Deas of my Applicant Statement I certify that the information submitted is common to the Deas of my Applicant of Owner/Applicant Statement I certify that the information submitted is common to the Deas of my Application of Common Application statement in the information submitted is common to the Local Plumbing fisches. PER MIT INFORMATION This Application is for 1. NEW PLUMBING 2. SINGLE FAMILY DWELLING 2. MOUTHER FAMILY DWELLING 4. OTHER - SPECIFY S. MUTTHER FAMILY DWELLING 4. OTHER - SPECIFY HockUp A Riping Relocation Makehum of 1 thock-lop Number Type of Ficture Typ	Street Subdivision Lot # 127 Wolfort	5_	DOSTI AND	- n	MART d. 444== ===== Å===.H
Application Applicant Ap	PROPERTY OWNERS NAME		Permit Issued:	2 1/0 PEF	FEE Charged
Name: Name:	Last: RIGGS First: ANN	+ CHUCK	Local Plumbing Inspect	or Signature	- L.P.I. # 0.13 12
Owner/Applicant Statement I certify may the information authorized above and found it to be in compliance with the Mainer Plumbing Folies. PER MIT INFORMATION This Application is for Type of Structure To Be Served: PLUMBING 2. MODULAR OR MOBILE HOME 2. MODULAR OR MOBILE HOME 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY Hook-Up & Piping Relocation New Plumbing Relocation New Plumbing To Be installed By: 1. MASTER PLUMBER 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY Number 1. Mode-Up & Piping Relocation New Plumbing To Be installed By: 1. MASTER PLUMBER 2. MODULAR OR MOBILE HOME 3. MILTIPLE FAMILY DWELLING 4. PUBLIC UTILITY EMPLOYEE 5. PROPERTY OWNER LICENSE # 12 3.2 3.1 Number 1. Mode-Up & Piping Relocation Number					
Caution: Inspection: Required Content Co	Owner/Applicant	192-11			
Certify that the information submitted as cornect to the best of my knowledge and understant but any fishication is reason for the Local Plumbing plaquescent to derive a Permit. Date Da		Caution: Increation Paguired			
Pumbing pagegors to damy a Permit. Date Local Plumbing Inspector Signature Date Approved	I certify that the information submitted is correct to the	I have inspected the installation authorized above and found it to be in			
Date			compliance with the	Maine Plumbin	g Rules.
This Application is for Type of Structure To Be Served: New Plumbing	Signature of Owner/Applicant				
This Application is for					Date Approved
NEW PLUMBING 1					
2.	This Application is for Type of Structure To Be Served:				
PLUMBING 3.					
Hook-Up & Piping Relocation Hosebib / Silicock Bathtub (and Shower)	PLUMBING				
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