Street:   1303   Town ADDRESS     CBL   39   A DON     DROPERTY   OWNER JANG     PROPERTY   OWNER JANG     Applemit Statement   Lplistation and focus and formation submitted scores to the best of my knowledge and understand that any fastification is reason for the Local Plumbing Inspector Signature   Caution: Inspector Signature     I certify that the information submitted is correct to the best of my knowledge and understand that any fastification is reason for the Local Plumbing Inspection Signature   Caution: Inspector Signature     I certify that the information submitted is correct to the best of my knowledge and understand that any fastification is reason for the Local Plumbing Inspection Signature   Caution: Inspector Signature     I certify that the information submitted is correct to the best of my knowledge and understand that any fastification is reason for the Local Plumbing Inspectification.   I have inspected the installation authorized above and found it to be in compliance with the Application.     I by Prior Martinet   Date   Type of Structure to be Served   I. & SinGLE FAMILY RESIDENCE     1. & MOULTIPLE FAMILY DWELLING   I. O THER-SPECIFY   I. & Marter Plumbing Inspectification.     I book-Up 2 Prior Relocation Marters the correct to correct to schedule Inspections!   I. @ Prior Prior Marters     I book-Up 2 Prior Relocation Marters the correct to schedule Inspections!   I. @ DONER Plumint formation schedulen			PLUMBING	PERMIT APPLICATION	
CBL   Date   Date Permiti-age 12 [DM Fee: \$]]   Double Fee Charged []     CMLER Junc   Property OWNER(S) NAME   Date Permiti-age 12 [DM Fee: \$]]   Double Fee Charged []     CMLER Junc   Property OWNER(S) NAME   LP.1 # 360     Control Permiting Address of Charge 12 [DM Fee: \$]]   Double Fee Charged []   LP.1 # 360     Milling Address of Charge 12 [DM Fee: \$]]   Double Fee Charged []   LP.1 # 360     I of Determining Therman and Plang statement   Learly Whath authorize the covered in this application and the Maine Subsector The Permitish all authorize the covering installer to install the Junching System in accordinace with this application and the Maine Subsector Signaline   Caution Inspector. The Permitish all authorize the covering of the installed outhit a Permitish authorized the covering of the installed outhit a Permitish authorized the covering of the installed outhits application and the Maine Subsector Signaline     I cartly that information schement is a covered in the installed outhits application.   I have inspected the Maine Planching Rules Application.     I cartly ing the information action is for   Type of Structure to be Served   I. & SINGLE FAMILY RESIDENCE     I. & MULTIPLE FAMILY DWELLING	PROPERTY ADDRESS		TOWN/City PORTIAND Partit # 2015 02950		
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OWNER NAME:   Purchaster     Appleterm Rame:   Purchaster Rame:     Appleterm Rame:   Class Plunding Inspector: Signature     Mailing Address of OwnerApplicant Statement   Class Plunding Inspector: The Perms shall authorize the owner or instate or instate or instate in statement is application and the subsector subsector. The Perms shall authorize the owner or instate or instate or instate in statement is application.     Learly Institute information submitted is correct to the best of my knowledge and understand that any tradification is reason for the Logg Plumbing Inspect(%) to deny a permit.     Signature of Owner/Applicant   Date.     PERMIT INFORMATION     This Application is for 1. KNEW PLUMBING   Type of Structure to be Served 1. & SINGLE FAMILY RESIDENCE     2. □ RELOCATED PLUMBING	AT AUUM		Date Permitussed 2/10/20 Fee: \$ 10 Double Fee Charged [ ]		
Accord Plumping Inspector Signature     Applicant Spin:     Applicant Spin:     Address of Owner/Applicant Statement     I ontrop Plumping Inspector Signature     I plumping Inspector Signature					
Imailing Address of Owen/Applicant of Current with this application and the problem of Different with this application and the installer to install the Coal Plumbing inspector. The Permit abalautorize the owneer or installer to install the Coal Plumbing inspector. The Permit abalautorize the owneer or installer to install the Coal Plumbing inspector. The Permit abalautorize the owneer or installer to install the Coal Plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.     I carify that the information submitted is correct to the best of my knowledge and profile inspections in the Maine Plumbing Rules Application.   I have inspection Resulted Caution: Inspection Resulted inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.     Signature of Owner/Applicant   Date.   I have inspection Plumbing Rules Application.     This Application is for 1. KINEW PLUMBING 2. □ RELOCATED PLUMBING 2. □ MOULLAR OR MOBILE HOME 3. □ MULTIPLE FAMILY RESIDENCE 2. □ MOULLAR OR MOBILE HOME 3. □ MULTIPLE FAMILY DWELLING 4. □ OTHER-SPECIFY	Mamk Prerobello		Local Plumbing inspector Signature		
Cautor: Insection Required     Signature of Owner/Applicant   Date     PERMIT INFORMATION     The Approved (Final)     Date Approved (Final)     PERMIT INFORMATION     Type of Structure to be Served     1. ØSINGLE FAMILY RESIDENCE     2. MODULAR OR MOBILE HOME     3. MULTIPLE FAMILY DWELLING     American Resocation     Merican     Out of the Approved (Final)     Discocation Resocation      Out of the Approved (Fi	Mailing Address of Owner/Applicant I/ Cleanting Way (if Different) Falmarth Me. 04705		issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the		
I cartify that the information submitted is correct to the best of my knowledge and understand that any fabrification is reason for the Local Plumbing Reviewabca(s) to deny a permit.   I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.     Signature of Owner/Applicant   Date.   I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.     Signature of Owner/Applicant   Date.   Date Approved (Final)     This Application is for   Type of Structure to be Served   NAME:     1. X NEW PLUMBING   1. X SINGLE FAMILY RESIDENCE   NAME:   NAME:     2. □ RELOCATED PLUMBING   3. □ MULTIPLE FAMILY DWELLING   1. Master PLUMBER   2. □ OIL BURNERMAN     3. □ MULTIPLE FAMILY DWELLING   1. □ OTHER-SPECIFY   Name:   1. □ Master PLUMER     4. □ OTHER-SPECIFY   Please call 874-8703 with your permit # to Schedule inspections!   5. □ PROPERTY OWNER     LiceNse #   Number Type of Fiture   Number Type of Fiture   1. □ Indirect Waste     Hook-Up & Piping Relocation Maximum of 1 hook-Up   Number Type of Fiture   1. □ Shower (separate)   1. □ Indirect Waste     1. □ Hook-Up & Piping Relocation Is not regulated and inspected by the local sanitary   1. □ Indirect Waste   1. □ Dink Waster <td colspan="2"></td> <td colspan="3">Caution: Inspection Required</td>			Caution: Inspection Required		
with the Maine Plumbing Rules Application.     With the Maine Plumbing Rules Application.     Line of Owner/Applicant     Bignature of Owner/Applicant     Date Approved (Final)     Signature of Owner/Applicant     Date Approved (Final)     Date Approved (Final)     PERMIT INFORMATION     This Application is for     1. XINEW PLUMBING   1. X SINGLE FAMILY RESIDENCE     2. RELOCATED PLUMBING   1. X SINGLE FAMILY RESIDENCE     2. MODULAR OR MOBILE HOME   3. MULTIPLE FAMILY DWELLING     4. OTHER-SPECIFY   1. Market Maine     Please call 874-8703 with your permit # to schedule inspections!     Property Owner     LICENSE # LILL SPECIFY     Hook-Up & Piping Relocation Mumber     Mumber Column 2     Mumber Column 2     Mumber Column 1     LICENSE # LILL SPECIFY     Hook-Up & Piping Relocation Mumber     Market Mumber Column 2     Mumber Column 1     Type of Fixture     Column 1					
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This Application is for   Type of Structure to be Served   Plumbing to be Installed by:     1. XNEW PLUMBING   1. XSINGLE FAMILY RESIDENCE   NAME:	PERMIT INFORMATION				
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connection is not regulated and   I					
inspected by the local sanitary   Image: Construct of the local sanitary     district.   Image: Construct of the local sanitary     Image: HOOK-UP: to an existing subsurface wastewater disposal system   Image: Construct of the local sanitary     Image: Image: Construct of the local sanitary   Image: Construct of the local sanitary     Image: Image: Image: Construct of the local sanitary   Image: Construct of the local sanitary     Image:					
district.   IIndirect Waste   I? Water Closet (Toilet)     IHOOK-UP: to an existing subsurface wastewater disposal system   IWater Treatment Softener, Filter, Etc.   II Clothes Washer     IGrease / Oil Separator   II Dish Washer     IRoof Drain   IGarbage Disposal     II Bidet   ILaundry Tub     Ines, drains, and piping without new fixtures.   II Fixtures (Subtotal) Column 2   II Fixtures (Subtotal) Column 1					
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wastewater disposal system   II detail details of the first					
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Image: PIPING RELOCATION: of sanitary   Image: Piping Relocation   Im					
lines, drains, and piping without new fixtures.      Image:	DIPING RELOCATION: of conitant				
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	ines, drains, and piping without new fixtures.				
	OP	Fixtures (Subtotal) Column 2			
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Over 4 = \$10 Surcharge + \$10/fixture I Transfer Fee   Hook-Up & Relocation Fee		Over 4 = \$103	Surcharge + \$10/1Xture		
Please call 874-8703 with your permit # to schedule inspections!	Please call 874-8703 with your	permit # to sched	ile inspections!		