PLUMBING APPLICA		Department of Health and Human Service Division of Environmental Health
PROPERTY ADDRESS Town or Plantation 1257 COLEST		2010-8344
Street Subgivision Lot # POCHAND PROPERTY OWNERS NAI Last: First: Applicant Name: Sill Last in	PORTL Date Permit Issued: L	TOWAL CORV
Mailing Address of Owner/Applicant (If Different) 72 GATE WIN C	dynymus Jr	72-8-1-006
Owner/Applicant Statemer Lecritic that the information submitted is correct to knowledge and understand that any falsification is a flumbing Indeed ors to deny a Permit. Signature of Owner/Applicant	ent the best of my reason for the Local 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Caution: Inspection Required spected the installation authorized above and found it to be in ce with the Maine Plumbing Rules.
Signature of Owner/Applicant	Dater Local F	Date Approved
A. C.	PERMIT INFORMA ype of Structure To Be Served:	Te Installed By:
2) RELOCATED 2 7 1 3. 4.	E FAMILY DWELLING MODIJLAR OR MOBILE HOM' DEST TYS JT Plumsins	MECHANIC 12
	Pleath FACT fem	ı) urate)
HOOK-UP: to an existing wastewater disposal sys	ASO Farest	Wash Basin
PIPING RELOCATION: lines, drains, and piping without	Surface Configura	Water Closet (Toilet)
new fixtures.		er, etc. Clothes Washer
	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
OR	Bidet	Laundry Tub
TRANSFER FEE [\$6.00]	Other:	Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
D E	IT FEE SCHEDULE CULATING FEE	Fixtures (Subtotal) Column 2 Total Fixtures Fixture Fee Transfer Fee
		Hook-Up & Relocation Fee

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Page 1 of 1 HHE-211 Rev. 08/05 Permit Fee (Total)