PLUMBING APPLICATION	ON	Department of Health and Human Service Division of Health Engineering		
PROPERTY ADDRESS  Town or Plantation  Street Subdivision Lot #  PROPERTY OWNERS NAME  Last: First:  Applicant Name:  Mailing Address of Owner/Applicant (If Different)  Owner/Applicant Statement  I certify that the information submitted is correct to the be knowledge and understand that any falsification is reason Plumbing Inspectors to deny a Permit.  Signature of Owner/Applicant	est of my est of the Local  Cau I have inspected the compliance with the	Date Permit   /2   29   25   6   1   2 (4   12   12   12   12   12   12   12   1		
PERMIT INFORMATION				
This Application is for  1. NEW PLUMBING 2. RELOCATED PLUMBING 3. MULTIPLE FAMILY DWELLING 4. OTHER – SPECIFY		Plumbing To Be Installed By:  1. MASTER PLUMBER  2. OIL BURNERMAN  3. MFG'D. HOUSING DEALER/MECHANIC  4. PUBLIC UTILITY EMPLOYEE  5. PROPERTY OWNER  LICENSE #		
Hook-Up & Piping Relocation  Maximum of 1 Hook-Up	Column 2  Number 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.	Hosebiob / Sillcock  Flow Drain	I I	Bathtub (and Shower) Shower (Separate)	
HOOK-UP: to an existing subsurface wastewater disposal system.	Drinking Fountain		Sink  Wash Basin	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Water Treatment Softener, Filter, etc.	ISPECTION	Water Closet (Toilet) Clothes Washer	
	Grease / Oil Separator  Dental Cuspidor  OF BUILDING	GAND	Dish Washer  Garbage Disposal	
YOR	Bidet DEPT CITY	70	Laundry Tub	
Oit	Other:	- 513 17	Water Heater	
TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2	A GI	Fixtures (Subtotal) Column 1	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			Fixtures (Subtotal) Column 2 Total Fixtures Fixture Fee Transfer Fee	
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