Department of Health and Human Services PLUMBING APPLICATION Division of Environmental Health **PROPERTY ADDRESS** Town or Plantation Street PERMIT # 10626 TOWN COPY 1515 Washinton PX **PORTLAND** Subdivision Lot # PROPERTY OWNERS NAME Local Plumbing Inspector Signature Last: **Applicant** Name: Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement **Caution: Inspection Required** I certify that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in knowledge and understand that any falsification is reason for the Local compliance with the Maine Plumbing Rules. Plumbing Inspectors to deny a Permit.

\ Signature of Owner	/Applicant Date	Local Plumb	ing Inspector Signature	Date Approved
	PER MIT I	NFORMATI	ON	
This Application is for	Type of Structure To Be Served:		Plumbing To Be Installed By:	
1. NEW PLUMBING 2. RELOCATED PLUMBING	1. ☐ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER – SPECIFY		2. ☐ OIL BURNERMAN 3. ☐ MFG'D. HOUSING 4. ☐ PUBLIC UTILITY E	
	****		5. PROPERTY OWN	

