PLUMBING APPLICATI	3 { ON	36 AA 00	• •	Department of Human Sciences Division of Health Engineering
Town or Plantation Portland Street Subdivision Lot # 35 Garsoc State ast: Warren First: E. T. Applicant Name: Malling Address of Owner/Applicant (If Different) 4 Leda cusood States		Date Permit 03 09 Local Plumbing Insector		TOWN COPY 1061, 0 FEE Charged L.P.I. # 01, 2, 4
Owner/Applicant Statement I certify that the information submitted is correct to the tiknowledge and understand that any falsification is reasonable inspections to deny a Permit.		7		above and found it to be in
Signature of Owner/Applicant	Date	Local Plumbing ins	pector Signature	Date Approve
	e of Structure To Be Se	erved:		ng To Be installed By:
1. S NEW PLUMBING 2. RELOCATED PLUMBING 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY				IERMAN OUSING DEALER/MECHANIC ITILITY EMPLOYEE
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.	Hosebibb / S		1-0	athtub (and Shower)
OR	Urinal			ink
HOOK-UP: to an existing subsurface wastewater disposal system.	Drinking Fountain		13 v	Vash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without	Indirect Was		1	Vater Closet (Toilet)
new fixtures.	Grease / Oil	nt Softener, Filter, etc. Separator	 	lothes Washer hish Washer
	Dental Cusp		 	arbage Disposal
YOR	Bidet	:	L	aundry Tub
	Other:		w	/ater Heater
TRANSFER FEE [\$6.00]	Fixtures Colu	(Subtotal) ımn 2	1.4	
	MIT FEE SCHEDULE ALCULATING FEE		2 _6.∞	Total Fixtures
Page 1 of 1 HHE-211 Rev. 6;94	TOWN COPY		9600	Permit Foo (Total)