Hook-Up & Relocation Fee

|) | | | | | | |
|---|----------------|---------------|---|---|--|--|
| PLUMBING. | APPLICAT | ION N | er en | | Department of Health and Huma: Service Division of Environmental Health | |
| PROPERT | Y ADDRESS | - - | | | | |
| Town or Brortland | | | | 2010 8060 | | |
| Street Subdivision Lot # 56 Quit | | | PORTLAND | PORTLAND PERMIT # 11212 TOWN COPY | | |
| | OWNERS NAM | E | Permit 2 23 | VO, | \$ Double Fee Charged | |
| Legere | First Chr. | s + Jerr | Local Plumbing Inspector s | Signature | L.P.I. #0,7,3,2 | |
| Name: Ton | 1 D999 | | | 2 4 | <i>)</i> | |
| Mailing Address of Owner/Applicant (II Different) 616 RiverRoad Cushins | | | | 398AA 55 | | |
| Owner/App | ., | | Caution: Inspection Required | | | |
| I certify that the information sub knowledge and understand that | | | | | thorized above and tound it to be in | |
| Plumbing Inspectors to deriy a | | | 22/25/10 OK SM | H Close | | |
| Tom Dag | rgett | <u> Feb23</u> | | THY | 03/02/ | |
| Signature of Owner | /Applicant | Date | E Local Plumbing In | i specto r Signati | ure Diate Approve | |
| | | PERMI | TINFORMATIO | N | | |
| This Application is for Type of Structure To | | | ure To Be Served: | Plumbing To Be Installed By: | | |
| 1. NEW PLUMBING 1. Z SINGLE FAMILY DWELL | | | ELLING | 1. MASTER PLUMBER | | |
| 2. RELOCATED 2. A 9. MULTIF 4. OTHER | | ODULAR OR | MOBILE HOME | 2. ☐ OIL BURNERMAN 3. ☐ MFG'D. HOUSING DEALER/MECHANIC 4. ☐ PUBLIC UTILITY EMPLOYEE | | |
| | | LE FAMILY D | WELLING | | | |
| | | - SPECIFY | | | | |
| | | | | 5. PROPERTY OWNER | | |
| . (| | | | LICENS | E # M, S, 9,0,0,0,0,9915 | |
| Hook-Up & Piping Re Maximum of 1 Hook | | Number | Column 2 Type of Fixture | Number | Column1 Type of Fixture | |
| HOOK-UP: to public sewer in those cases where the connection | | 2 | Hosebib / Sillcock | 2 | Bathtub (and Shower) | |
| is not regulated and the local Sanitary Dis | inspected by | | Floor Drain | 7. | Shower (Separate) | |
| HOOK-UP: to an existing subsurface wastewater disposal system FB 2 PIPING RELOCATION: of samitary lines. drains, and pining without ding new fixtures. | | FILL | Urinal | 1 1 | Sink | |
| | | NEL | Orinking Fountain | | Wash Basin | |
| | | 2010 | Indirect Waste | 13 | Water Closet (Toilet) | |
| | | Inspla | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer | |
| Tien vineres | — - · ः पाधिन। | d Maine | Grease / Oil Separator | | Dish Washer | |
| - | | Roof Drain | | | Garbage Disposal | |
| OR | | Bidet | | | Laundry Tub | |
| TRA | NSFER FEE | [| Other: | 1 | Water Heater | |
| | [\$6.00] | 12 | Fixtures (Subtotal) Column 2 | 12 | Fixtures (Subtotal) Column 1 | |
| | | | | 14 | Fixtures (Subtotal) Column 2 | |
| | T FEE SCH | ~ I () | | Total Fixtures | | |
| | FOR CAL | CULATING | 104 | | Fixture Fee | |
| Lie, Lie | | | 1/1/5 | | Transfer Fee | |

STATE COPY

Flag= 1 0 1 HHE-211 Rev. 08.05



Original Receipt

| 23 20 /0 |
|---|
| |
| Received from Ou Du 12+ Duniel |
| Location of Work 56 griet / a Healer |
| 0 |
| Cost of Construction \$ Building Fee: |
| Permit Fee \$ Site Fee: |
| Certificate of Occupancy Fee: |
| Total: 100 |
| Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2) |
| Other |
| CBL: 288 11.150 |
| Check #: Total Collected \$ |
| No work is to be started until permit issued. Please keep original receipt for your records. |
| Taken by: |
| WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy |
| |