Permit Fee (Total)

PLUMBING AP	1	Division of Health Engineering			
Town or Plantation Patland Street Subdivision Lot # Vale M Lat 7 Last: Balland First: Christing Applicant Name:			Date Pumbing inspector signature PERMIT & PRZ9 STATE Day If Double Fee Charged L.P.I. # Die I X		
Mailing Address of Owner/Applicant (If Different)			Courtles Inspection Regulated		
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to dany a Permit. Signature of Owner/Applicant Date			Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. C Local Plumbing Inspector Signature Date Approved		
Constitution of the second of					
This Application is for 1. If NEW PLUMBING 2. RELOCATED PLUMBING 3. MULTIPLE FAMILY DWELL 4. OTHER – SPECIFY			LING IOBILE HOME	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 # 273/	
Hook-Up & Piping Relocation			Column 2		Column 1
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface		12	osebibb / Sillcock	Number	Type of Fixture Bathtub (and Shower) Shower (Separate)
			rinal	4	Sink
		, D	rinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		In	direct Waste	12	Water Closet (Toilet)
		W	ater Treatment Softener, Filter, etc.		Clothes Washer
		G	rease / Oil Separator	/	Dish Washer
			ental Cuspidor		Garbage Disposal
OR TRANSFER FEE		Bi	det	1	Laundry Tub
		01	her:	/	Water Heater
	SEE PERMIT		1 4 1	1	Total Fixtures
			, ₀	>	

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