Page 1 of 1 HHE-211 Rev. 6;94			SEE PERMI	Action (Action	[\$6.00]	TRANSITION INTO	9			new fixtures.	PIPING RELOCATION: of sanitary	HOOK-UP: to an existing subsurface wastewater disposal system.		the local Sanitary District.	HOOK-UP: to public sewer in those cases where the connection	Maximum of 1 Hook-Up			4. OTHER - SPECIFY	· · · · ·	NEW PLUMBING 1. SING	₹ This		Signature of Owner/Applicant		knowledge and understand that any falsification is reason for the Local	Owner/Applicant Statement	Mailing Address of Owner/Applicant Owner/Applicant Fig. 1980 188	0	Last Conf. Conf. First Cr. J.	PROPERTY OWNERS NAME		Plantation Ontion	PLUMBING APPLICATION PROPERTY ADDRESS
		OF COLCAL ING THE	SEE PERMIT FEE SCHEDULE		Fixtures (Subtotal) Column 2	Other:	Bidet	Dental Cuspidor	Grease / Oil Separator	Water Treatment Softener, Filter, etc.	Indirect Waste	Drinking Fountain	Urinal	Floor Drain	Hosebibb / Sillcock	Column 2 Number Type of Fixture		Action to the second se	OTHER - SPECIFY	MODULAR OR MOBILE HOME	SINGLE FAMILY DWELLING	of Structure To Be Served:	PERMIT INFORMATION	Date Local Plumbing Inspector Signature	5-8-6				\$50 F	For Samuel and All Control of the Co	Positi Isation: 5	y Secret PORTLAND	)	
4	,	18	*    Y & :	> =	Programmed .			De gragado	Managar	**************************************	- د و	( <i>)</i> ,,	Rosenson	Transport	\$100 Cana	Number	LICENSE #	5. PROPERTY		2. 🗆 OIL E	1. EMAS	<u> </u>		pector Signatu		installation aut Maine Plumbin	tion: Inspe			Kor Signaturo	 			
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	Page 1 of 1 HHE-211 Rev. 6;94						TRAN				new fixtures.	PIPING RELOCATION	HOOK-UP: to an existing subsurface wastewater disposal system.		the local Sanitary Di	those cases where the connection	Maximum of 1 Hook-Up	Hook-lin & Dining Dalocet			2. CRELOCATED PLUMBING	1. W NEW PLUMBING	This Application is for		Signature of Owner/Applicant	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 Plumbing inspectors to deny a Permit.	Owner/Applicant (If Different)	-	Last:	PROPERTY		Town or Plantation	PROPERT	PLUMBING APPLICATION
				FOR CALCULATING	) 1 1 1	\$6.00]	TRANSFER FEE				ing willion	N: of sanitary	sting subsurface system.	ZV	strict.	sewer in	2			□ MULTIPLE FAMILY DWELLING     □ OTHER – SPECIFY	□ 'i>	1. SINGLE FAMILY DWELLING	Тур		Applicant	Owner/Applicant Statement information submitted is correct to the bunderstand that any falsification is reasctors to deny a Permit.	7001	Se se se se	First:	PROPERTY OWNERS NAME		A Comment	PROPERTY ADDRESS	
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etyri	70% <b>6</b> 000000000000000000000000000000000000			m		Fixtures (Subtotal) Column 2			Dental Cuspidor	Grease / Oil Separator	Water Treatment Softener, Filter, etc.	t Waste	Drinking Fountain		Drain	Hosebibb / Sillcock	Column 2 Type of Fixture			୍ଷ ଜ	E HOME		Type of Structure To Be Served:	INFORMATION	Local Plumbing Inspector Signature	Cau I have inspected the compliance with the		NIN	Social Shiftming 192	Pomit MASS	00071 AGA			ハイナー・
	1			3×	1.)				a recogni			<b>,</b>	しっ		green to the	**************************************	Number	100	5. PROPE	3. ☐ MFG 4. ☐ PUB		1.由 MAS	Pl		spector Signat	ition: Inspe installation au Maine Plumbii			or Signature					1 つ ジ
(ivial)	Hook-Up & Relocation Fee  Permit Fee  (Table)	Transfer Fee	Fixture Fee	Total Fixtures	Fixtures (Subtotal)	Fixtures (Subtotal) Column 1	Water Heater	Laundry Tub	Garbage Disposal	Dish Washer	Clothes Washer	Water Closet (Toilet)	Wash Basin	Sink	Shower (Separate)	Bathtub (and Shower)		17 [	☐ PROPERTY OWNER	☐ PUBLIC UTILITY EMPLOYEE	☐ OIL BURNERMAN	1.	Plumbing To Be Installed By:		ure Date Approve	Caution: Inspection Required I have inspected the installation authorized above and found it to be incompliance with the Maine Plumbing Rules.			2112	S SIOIOI FEE Chargod			l c	Department of Human Sciences

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Page 1 of 1 HHE-211 Rev. 6;94	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	TRANSFER FEE [\$6.00]	OR		lines, drains, and piping without new fixtures.	HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of the state		the local Sanitary District.	HOOK-UP: to public sewer in those cases where the connection is not regulated and increased by	Maximum of 1 Hook-Up	Hook-lin & Diving Delegation	PEUMBING  3.   MULT  4.   OTHE	NG 1. SING	This Application is for		* Signature of Owner/Applicant	Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and upderstand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.	Mailing Address of Owner/Applicant (If Different)	OPERTY OWNERS NAI	Town or Plantation Street Subdivision Lot #	PLUMBING APPLICATION PROPERTY ADDRESS
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22	600	State of the state			· · · · · · · · · · · · · · · · · · ·		***************************************	Wange.		Number	בוכיועטה #	Z. U OIL BI 3. U MFG'I 4. U PUBLI 5. U PROP 5. LICENSI	1. D MAS	<u>ַ</u>		ector Signati	on: Inspension aufaine Plumbir		3100		
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Plantation  PROPERTY OWNERS NAME  Applicant  Applicant  Applicant  I certify that the information submitted is correct to the best of my knowledge and understand that any flatification is for 1. If NEW PLUMBING  PLUMBING  I HOOK-UP & Piping Rescention  Manders and piping subsurface  Page 1 of 1  Page 1 of 1  PROPERTY OWNERS NAME  First:  Applicant  First:  Owner/Applicant  First:  Owner/Applicant  First:  Owner/Applicant  First:  Owner/Applicant  First:  Owner/Applicant  First:  Owner/Applicant  Type of Struct  1. If SINGLE FAMILY DW  2. If MODULAR OF  MODULAR OF  MULTIPLE FAMILY DW  3. If MULTIPLE FAMILY DW  4. OTHER - SPECIFY  Mumber  HOOK-UP: to an existing subsurface  wastewater disposeal system.  Page 1 of 1	UMBING PROPERI
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TA20  TOWN COPY  Inspection Required  Washer Plumbing To Be Installed By:  Column 1  Number  PROPERTY OWNER  LICENSE # L.S. Subtotal)  Column 1  Shower (Separate)  Shower (Separate)  Shower (Separate)  Fixtures (Subtotal)  Column 2  Fixtures (Subtotal)  Column 2  Fixtures (Subtotal)  Column 2  Fixtures Fee  Hook-Up & Relocation Fee  Parmit Fee  Transfer Fee  Hook-Up & Relocation Fee  Parmit Fee  (Total)	Department of Human Sciences / Division of Health Engineering