

ISLAND AVENUE PEAKS ISLAND
83-C-3

CERTIFICATE OF APPROVAL

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF Dutton

OWNER James J. ...

ADDRESS ... MAINE
Location where plumbing was done and inspected

Plumbing installed by ...

Cert. of App. Number
No. 7543 IC

Date C.O.A. Issued

FEB 1 1978
Month Day Year

Date Inspected

FEB 1 1978
Month Day Year

Date Permit Issued

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

Signature of LPI

State Office Use Only
Date Received

ORIGINAL - To be sent to: Department of Human Services
Division of Health Engineering 221 State Street Augusta, Maine 04333

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF Dutton

Town/City Code 000000 LPI Number ... License Number ... Date Issued **FEB 1 1978** PERMIT NUMBER **No. 7543 IP**

Address of where Plumbing is done ...
Street, Road Name & Subdivision PKS ... Pl. Rd. ... Av. Lot ...
Name of Owner ... Last Name ... F. I. M. I. Mailing Address ...

Type of Construction: 1. New, 2. Remodeling, 3. Addition, 4. Remodeling & Addition, 5. Replacement of Hot Water Heater, 6. Hook-up of Mobile Home, 7. Minor Change, 8. Other (Specify) 2

Plumbing to be Served: 1. Single (Res), 2. Multi-Fam (Res), 3. Mobile Home, 4. Mobile Home without Sewer, 5. Commercial, 6. School, 7. Other (Specify) 2

SCHEDULE OF FEES (See Sect. 1, 12 of the Part I Code)	Fixture			Hook-ups		
	Quantity	Rate	Total	Quantity	Rate	Total
1-10 Fixtures \$2.00 each	1	\$2.00	\$2.00	1	\$2.00	\$2.00
11-20 Fixtures \$1.00 each	0	\$0.00	\$0.00	0	\$0.00	\$0.00
21 Fixtures on up \$1.50 each	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Hook-ups on up \$2.00 each	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Note: Hotwater Heater (tank or tankless) is considered a fixture						

Date Received ... Receipt Number ... Money Received ...
STATE OFFICE USE ONLY
Administrative Code ... Signature of LPI ...

This Internal Plumbing Permit is invalid if work is not commenced within 60 months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained.
Original - To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333

HME-211 (3/77)