Citu 1						IS/CDC -						
City T	PROPERTY	ADDRESS				ISSUI	IG MUN	IICIPAL	OFFIC		100	
City, I	own, or Plantation				Town/City				15 - 2000			
Street/Subdivision Lot #					Permit #			1	Total Fee	\$		
PROPERTY OWNER INFORMATION					Date Issued				Double	Fee		
	Name (Last, First)			T								
Applicant	Name (Last, First)				Local Plumb	oing Inspe	ector Sign	nature		Lic	ense#	
	OWNER/APPLICANT	MAILING ADDRESS			FEES	State	\$		Local	\$		
Street					LOCATION	Ma	p#		Lot #			
City					ernal plumbing							
State Zip Code					issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install the plumbing system in accordance with this							
	OWNER/APPLICA	NT STATEMENT		7	application an	d the Mai	ne Subsi	urface W	astewate	Dispo	sal Rules.	
		s correct to the best of my kn n is reason for the Local Plum deny a permit		"	nave inspected	CAUTION the instance with the	allation a	uthorized	above a	nd foun		
Signature of Owner/Applicant Date					I DI Signature					Data (Davish ta)		
					LPI Signature				Date (Rough-in)			
	Сору:	Property Owner	Town		State					Dat	e (Final)	
		PER	RMIT INF	ORMA	TION							
This application is for: Type of structure to be served:					Plumbing to be installe				talled by	:		
New Plumbing		Single Family Residence			Master Plumber		Licens	License #				
telocated Ph	umbing	Modular or Mobile Home			Oil Burne	Surner Installer		License #				
		Multiple Family Dw	elling		Mfd. Hou	sing Rep		Licens	se#			
		Other (specify below)				ublic Utility Rep.						
		Other (specify b	elow)		Public U	Itility Rep		Licens	se#			
		Other (specify b	elow)	+ +		Itility Rep	1	Licens	se#	_		
Column 1 –	Hook-Up & Relocation	Other (specify b	mwac e ma a		Prope		r I	Licens	se#			
NAMES OF STREET	Hook-Up & Relocation	Canada a tha a chairman ann an an an an an	mwac e ma a	Qty	Prope	rty Owne	ixtures	Licens		ate of	f Maine	
Maxi	PLANT AND THE WALL WORKS WITH THE YOR	Column 2 Fix	tures	Qty	Prope Cole Type	rty Owne	Fixtures		Sta	ment o	of Health and	
Maxii ook-Up (a) ook-up to pu	mum 1 Hook-Up	Column 2 Fix Type of Fixture Hosebib/S	tures	Qty	Prope Colu Type	rty Owne	ixtures hower)		Sta Depart Hi Center	ment o uman S for Dis	of Health and Services/ Sease Contro	
Maxinook-Up (a) book-up to punchere the conditional inspected	mum 1 Hook-Up	Column 2 Fix Type of Fixture Hosebib/S	tures	Qty	Prope Colu Type	rty Owne Imn 3 – F of Fixture ub (and S	ixtures hower)		Sta Depart Hi Center	ment of uman S for Dis nd Pre	of Health and Services/ Sease Contro vention	
Maxii ook-Up (a) ook-up to pu here the con nd inspected	mum 1 Hook-Up blic sewer in those cases nection is not regulated	Column 2 Fix Type of Fixture Hosebib/S	Sillcock r Orain Urinal	Qty	Prope Colu Type	rty Owne umn 3 - F of Fixture ub (and S ower (Se	hower)		Sta Depart Hi Center a En	ment of man S for Dis nd Pre nvironr	of Health and Services/ Sease Controvention The Median & The Median &	
Maxin ook-Up (a) ook-up to pu here the con nd inspected strict	mum 1 Hook-Up blic sewer in those cases nection is not regulated	Column 2 Fix Type of Fixture Hasebib/S Floor	Sillcock r Orain Urinal	Qty	Prope Cola Type Bathtr Sh	rty Owne umn 3 - F of Fixture ub (and S ower (Se	hower) Sink		Sta Depart Hi Center a Ei Cor Subs	ment of the second seco	of Health and Gervices/ Gease Controvention The Mental & The Mealth — Wastewater	
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Maxin ook-Up (a) ook-up to pu here the con nd inspected strict ook-Up (b) ook-up to an	mum 1 Hook-Up blic sewer in those cases nection is not regulated by the local sanitary	Column 2 Fix Type of Fixture Hosebib/S Floor Drinking Fo	Sillcock r Orain Urinal buntain Waste er, etc.	Qty	Prope Colu Type Bathtu Sh	rty Owne smn 3 - F of Fixture ub (and S ower (Se Wast er Closet Clothes V	hower) parate) Sink Basin (Toilet)		St. Depart Hi Center a Ei Cor Subs	ement comman S for Dis not Pre nvironr nmunit urface 36 Wate House gusta, I	of Health and Services/Sease Controvention mental & y Health — Wastewater er Street es Station 11 ME 04333	
Maxin ook-Up (a) ook-up to pu here the con nd inspected strict ook-Up (b) ook-up to an astewater dis	blic sewer in those cases nection is not regulated by the local sanitary	Column 2 Fix Type of Fixture Hosebib/S Floor Drinking For Indirect Treatment Softener, Filte Grease/Oil Sep	Sillcock r Orain Urinal buntain Waste er, etc.	Qty	Prope Cole Type Bathte Sh	rty Owne smn 3 - F of Fixture ub (and S ower (Se Wast er Closet Clothes V	hower) parate) Sink n Basin (Toilet) Vasher		St. Depart Hi Center a Ei Cor Subs	ment of the second seco	of Health and Services/ sease Controvention mental & y Health — Wastewater er Street er Station 11 ME 04333	
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