

MAR 5 lot 31-PO

Department of Health and Human Services
Division of Environmental Health

PLUMBING APPLICATION
PROPERTY ADDRESS

Town or Plantation Lamoine
Street or Subdivision Lot # Partridge Cove Road

Town/City LAMOINE Permit # 1774
Date Permit Issued 9/9/15 Fee: \$ 40.00 Double Fee Charged []
Millard Billings L.P.I. # 820
Local Plumbing Inspector Signature

PROPERTY OWNER(S) NAME

Last: Havey First: Melody
Applicant Name:

Mailing Address of Owner/Applicant (if Different) 668 Partridge Cove Rd Lamoine ME 04605

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 Inspector(s) to deny a permit.

Melody Havey
Signature of Owner/Applicant
Date 9/9/2015

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

STATE

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p><input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p>	<p>Plumbing to be Installed by:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input checked="" type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # </p>
<p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	<p>Column 2 Number Type of Fixture</p> <p> 2 Hosebib / Sillcock</p> <p> Floor Drain</p> <p> Urinal</p> <p> Drinking Fountain</p> <p> Indirect Waste</p> <p> Water Treatment Softener, Filter, Etc.</p> <p> Grease / Oil Separator</p> <p> Roof Drain</p> <p> Bidet</p> <p> Other: _____</p> <p> Fixtures (Subtotal) Column 2</p>	<p>Column 1 Number Type of Fixture</p> <p> Bathtub (and Shower)</p> <p> Shower (separate)</p> <p> Sink</p> <p> Wash Basin</p> <p> Water Closet (Toilet)</p> <p> Clothes Washer</p> <p> Dish Washer</p> <p> Garbage Disposal</p> <p> Laundry Tub</p> <p> Water Heater</p> <p> Fixtures (Subtotal) Column 1</p> <p> Fixtures (Subtotal) Column 2</p>
<p>OR</p> <p><input type="checkbox"/> TRANSFER FEE [\$10.00]</p>	<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy</p>	<p>TOTAL FIXTURES</p> <p> 2 Fixtures Fee</p> <p> Transfer Fee</p> <p> 1 Hook-Up & Relocation Fee</p> <p>PERMIT FEE (TOTAL)</p> <p> 40 </p>