This Application is for	PLUMBING APPL				Division of Health Engineering	
Caution: Permit Required	Town or		Plumbing shall not be installed until a Permit is attached here by			
PROPERTY OWNERS NAME Planting shall not be installed until a thrushout his early the course the counter or installar to histall the plumbing has accordance with the applicant in the plumbing has accordance with the applicant and the Malein Plumbing Inspection to delay a Permit. Caution: Inspection Required						Caut
Applicant Name: Mailing Address of Convert/Applicant Statement Convert/Applicant Convert/Applicant		Plumbing shall not be				
Applicant Name Markey Markey Applicant Statement Country that the information submitted is correct to the best of my knowledge and understand that any identification is reason for the Local Phanthing Inspection Required I have impacted the installation authorized above and found it to be in compliance with the Markey Plumbing Tolles. Caution: Inspection Required I have impacted the installation authorized above and found it to be in compliance with the Markey Plumbing Tolles. PEHMIT INFORMATION			owner or installer to i	nstall the plumbing	g in accordance with this	
Mairing Address of Owner/Applicant Statement Caution: Inspection Required Insertify that the information submitted is correct to the best of my knowledge and understand that any fastification is reason for the Local Plumbing Inspectors to deny a Permit. Signature of Owner/Applicant Date Local Plumbing Inspectors to deny a Permit.	Applicant					
Owner/Applicant Statement I cartly that the information submitted is correct to the bast of my knowledge and understand that any listification is reason for the Local Plumbing inspectors to deny a Pormal. Signature of Owner/Applicant Date Local Plumbing inspectors Signature Date	Mailing Address of					
I certify that the information submitted is correct to the best of my knowledge and understand that any labilitation is reason for the Local Plumbing inspectors to deny a Pormit. Signature of Owner/Applicant	(If Different)					
This Application is for Type of Structure To Be Served: Plumbing To Be Installed By:	I certify that the information submitted is cor knowledge and understand that any falsifica	rect to the best of my	I have inspected the	ne installation auth	orized above and found it to be in	
This Application is for	Signature of Owner/Applicant Date		ate Local Plumbing	Local Plumbing Inspector Signature Date Approve		
1. SINGLE FAMILY DWELLING 2. RELOCATED PLUMBING 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY Hook-Up & Piping Relocation Maximum of 1 Hook-Up Number Type of Fixture Number Type of Fixture Number Type of Fix Incord and Inspected by the local Sanitary District. HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. Indirect Waste Water Closet (Toilet) PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. Grease / Oil Separator Dish Washer OR Dental Cuspidor Garbage Disposal Dental Cuspidor Garbage Disposal Dental Cuspidor Garbage Disposal Fixtures (Subtotal) Column 2 Colu		PER	NIT INFORMATION			
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PLUMBING 3. □ MULTIPLE FAMILY DWELLING 4. □ OTHER − SPECIFY 5. □ PROPERTY OWNER LICENSE # □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1. NEW PLUMBING 1. 1.	SINGLE FAMILY DV	VELLING	1. □ MASTER PLUMBER		
Hook-Up & Piping Relocation Maximum of 1 Hook-Up Number Type of Fixture Number Number Type of Fixture Number Nu	2. RELOCATED	2. 🗆 MODULAR O	ODULAR OR MOBILE HOME			
Hook-Up & Piping Relocation Maximum of 1 Hook-Up HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR Urinal PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR OR OR Dish Washer Grease / Oil Separator Dental Cuspidor Bidet Column 2 Type of Fixture Number Type of Fixture Number Number Type of Fixture Shower (Separate) Bathtub (and Shower) Shower (Separate) Sink Wash Basin Wash Basin Water Closet (Toilet) Water Treatment Softener, Filter, etc. Clothes Washer Dental Cuspidor Garbage Disposal Bidet Laundry Tub Other: TRANSFER FEE [\$6.00] Fixtures (Subtotal) Column 2 Fixtures (Subtotal) Column 2	3. 🗆	MULTIPLE FAMILY	E FAMILY DWELLING		3. ☐ MFG'D. HOUSING DEALER/MECHANIC	
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OR Urinal Sink	is not regulated and inspected by	ction d by	Floor Drain		Shower (Separate)	
HOOK-UP: to an existing subsurface wastewater disposal system.	OR		Urinal	1	Sink	
Wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. Grease / Oil Separator Dental Cuspidor Dental Cuspidor Bidet Other: TRANSFER FEE [\$6.00] TRANSFER FEE [\$6.00] TRANSFER FEE [\$6.00] Other: Column 2 Fixtures (Subtotal) Column 2 Fixtures (Subtotal) Column 2	HOOK-UP: to an existing subs	surface	Drinking Fountain		Wash Basin	
Water Treatment Softener, Filter, etc. Clothes Washer	wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)	
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Fig. 4 at 10td 1 Mail Co	s					
FOR CALCULATING FEE		ING FEE		22		
Transfer Fee					Transfer Fee	
Hook-Up & Relocation				>	Hook-Up & Relocation Fee	
Page 1 of 1 HHE-211 Rev. 6;94 (Total)						