

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: **AUGUSTA, MAINE**
 Street: **14 Gabriel Dr**
 Subdivision Lot #: **LOT#27 CIVIC CENTER DR**
CENTRAL MAINE BUSINESS PK

PROPERTY OWNERS NAME
APPLICATOR SALES AND SERVICE

Last: _____ First: _____

Applicant Name: **THE GERBER CO., INC.**

Mailing Address of Owner/Applicant (If Different): **P.O. BOX 6692**
PORTLAND, MAINE 04101

Caution: Permit Required

AUGUSTA 2624 TOWN COPY

Date Permit Issued: **1/25/93** \$ **112.00** FEE Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **850**

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 to deny a Permit.

[Signature] **01/22/93**
 Signature of Owner/Applicant Date

THE GERBER CO., INC.

Caution: Inspection Required

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

[Signature] **4/11/93**
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>COMMERCIAL</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>0,0,0,7,3</u>

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				4	Total Fixtures
				\$ 12.00	Fixture Fee
				\$	Hook-Up Fee
				\$ 12.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE