

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation

Portland

Street Subdivision Lot #

11 Andersen

PROPERTY OWNERS NAME

Last: Harmon First: Jim

Applicant Name:

Spencer Gould

Mailing Address of Owner/Applicant (If Different)

Master: Craig Hansen
West Brook 04092

Owner/Applicant Statement Cell # 756-9379

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 Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

013 D 012

Caution: Inspection Required

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

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # MS90010738

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		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
		Roof Drain		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____	3	Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
				Fixture Fee
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Transfer Fee
				Hook-Up & Relocation Fee
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Permit Fee (Total)

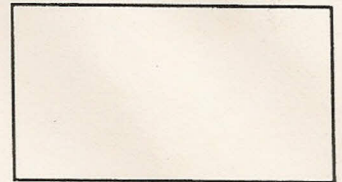
related another \$5.00

92.00
STATE COPY
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34



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 013 D 012 Use of Building _____ Date _____

Name and address of owner of appliance Jim Harmon 11 Andersew St Portland

Installer's name and address Smart-Tech Building Solutions 70 Box 15202 Portland ME
Telephone 207-272-0972

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Box

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PNT 4866
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____

- Metal
Factory Built U.L. Listing # _____

- Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas Natural

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 5,500.00 (\$100.00)

Permit Fee: \$ 80 another 100

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer Kim Saug

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy