

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

PORTLAND
Date Permit Issued: 12/22/10

PERMIT # 11518 TOWN COPY

\$ 48 FEE Charged Double Fee

L.P.I. # 11112

Local Plumbing Inspector Signature: _____

013 D 012

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: Kevin Saunye Date: 12/22/10

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input 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 checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input 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 # <u>MS90010738</u></p>
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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
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Urinal		Sink
		Drinking Fountain		Wash Basin
<p>OR</p> <p>TRANSFER FEE (\$6.00)</p>		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p>OR</p> <p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p>		Grease / Oil Separator		Dish Washer
		Root Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>3</u>	Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 2
		Total Fixtures		Total Fixtures
		Fixture Fee		Fixture Fee
		Transfer Fee		Transfer Fee
		Hook-Up & Relocation Fee		Hook-Up & Relocation Fee
		Permit Fee (Total)		Permit Fee (Total)

STATE COPY

related another 50.00

92.00
04/16/11

RECEIVED

DEC 22 2010