

# PLUMBING APPLICATION

**PROPERTY ADDRESS**

Town or Plantation: Portland

Street / Subdivision Lot #: 31 Cleeve ST

**PROPERTY OWNERS NAME**

Last: Martin First: Covey

Applicant Name: MA# Soljak

Mailing Address of Owner/Applicant (If Different): 1 Burn Hill Rd PL Sunn

2004 8027

PERMIT # 8754 STATE COPY  If Double Fee Charged

Date Permit Issued: 2/3/04 \$ 6161010

Local Plumbing Inspector Signature: Jon Reed L.P.I. # 0725

013 E 001

**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 Inspectors to deny a permit.

Signature of Owner/Applicant: [Signature] Date: Feb 3, 04

**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**

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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>L.S.P.10</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>OR</b>  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<b>OR</b>  SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator	2	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
	Other: _____			Water Heater
		Fixtures (Subtotal) Column 2	10	
			0	
			16	<b>Total Fixtures</b>
			66	<b>Permit Fee (Total)</b>

OK # 18577

66  
10  
76