



COMMENTS

9/2/95 Murray left for contractor. No pre-con  
meeting held & needed. The contract is just  
for removal of the Taco Bell equipment on

9/2/98 Final OK DC

CBL# 013-I-030

Permit# 980945

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	27 Washington Ave
<b>PROPERTY OWNERS NAME</b>	
Last:	Christy
First:	Stone
Applicant Name:	John Johnston
Mailing Address of Owner/Applicant (If Different)	584 Beech St Manchester NH

PORTLAND	PERMIT # 6599	STATE COPY
Date Permit Issued: 9.2.98	\$	112 FEE <input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature	L.P.I. # 0124	

## 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 of Owner/Applicant

Date

## 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> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY <u>Stone</u>	<b>Plumbing To Be Installed By:</b> 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>09321</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<input type="checkbox"/> TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 2	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Total Fixtures		
		\$	Fixture Fee	
		\$	Transfer Fee	
		\$	Hook-Up & Relocation Fee	
		\$	Permit Fee (Total)	12.1