

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 57 MECKILL ST

## PROPERTY OWNERS NAME

Last: Benjamin First: Edward

Applicant Name: ANDY MACMILLAN

Mailing Address of Owner/Applicant (If Different): 57 MARLBOROUGH RD  
 PORTLAND ME

PORTLAND 5424 TOWN COPY

**PERMIT ISSUED WITH EQUIPMENT**

491 FEE  Double Fee Charged

L.P.I. # 0129

Local Plumbing Inspector Signature

014-E-014

## 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: Mark Feary Date Approved: 7-7-96

## PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
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 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 # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 Number      Type of Fixture
<b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	_____ Hosebibb / Sillcock	_____ Bathtub (and Shower)
	_____ Floor Drain	_____ Shower (Separate)
	_____ Urinal	<u>4</u> Sink
	_____ Drinking Fountain	_____ Wash Basin
	_____ Indirect Waste	<u>1</u> Water Closet (Toilet)
	_____ Water Treatment Softener, Filter, etc.	<u>2</u> Clothes Washer
	_____ Grease / Oil Separator	_____ Dish Washer
	_____ Dental Cuspidor	_____ Garbage Disposal
	_____ Bidet	_____ Laundry Tub
	_____ Other: _____	_____ Water Heater
Number of Hook-Ups & Relocations: _____ Hook-Up & Relocation Fee: \$ _____	<b>Fixtures (Subtotal) Column 2</b> <u>1.0</u>	<b>Fixtures (Subtotal) Column 1</b> _____
<b>OR</b>	<b>TRANSFER FEE</b> [ \$6.00 ]	<b>Fixtures (Subtotal) Column 2</b> _____
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>		<b>Total Fixtures</b> _____
		\$ _____ <b>Fixture Fee</b>
		\$ _____ <b>Transfer Fee</b>
		\$ _____ <b>Hook-Up &amp; Relocation</b>
		\$ _____ <b>Permit Fee (Total)</b>