

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 6 Atlantic St.

## PROPERTY OWNERS NAME

Last: Toothaker First: Crandall

Applicant Name: Fournier Bros. P/A

Mailing Address of Owner/Applicant (If Different): 85 Oakdale St.

2003-8259

PORTLAND PERMIT # 8558 STATE COPY

Date Permit Issued: 8/1/03 \$ 910.00  If Double Fee Charged

Thomas M. McCallley L.P.I. # 0744  
Local Plumbing Inspector Signature

016 F 010

### 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.

Thomas M. McCallley 8/1/03  
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

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input checked="" 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><b>Plumbing To Be Installed By:</b></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>08905</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	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.		Hosebibb / Sillcock	0, 1	Bathtub (and Shower)
		Floor Drain	0, 1	Shower (Separate)
OR		Urinal	0, 1	Sink
		Drinking Fountain	0, 3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	0, 3	Water Closet (Toilet)
OR		Water Treatment Softener, Filter, etc.	0, 1	Clothes Washer
		Grease / Oil Separator	0, 1	Dish Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspidor	0, 1	Garbage Disposal
		Bidet	0, 1	Laundry Tub
OR		Other: _____	0, 1	Water Heater
		Fixtures (Subtotal) Column 2	1, 4	Fixtures (Subtotal) Column 1
			0, 0	Fixtures (Subtotal) Column 2
			1, 4	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			0, 10	<b>Permit Fee (Total)</b>

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
**SEE PERMIT FEE SCHEDULE  
 FOR CALCULATING FEE**  
 AUG - 1 2003  
**RECEIVED**

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