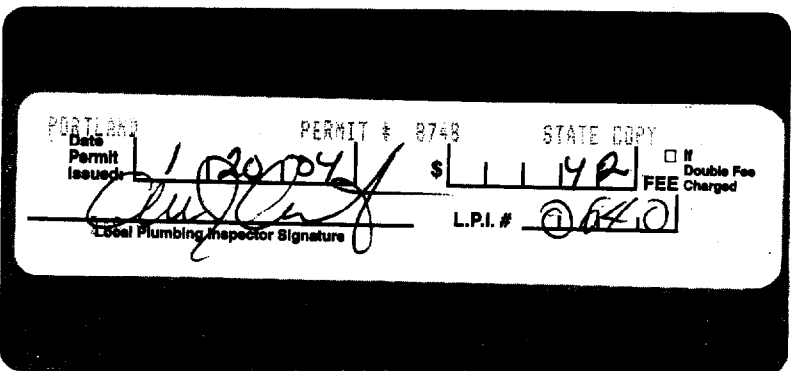


# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: Portland  
 Street Subdivision Lot #: 25 Fore St.



Last: Casio Pzy Ventures  
 Applicant Name: Jim's P. H.  
 Mailing Address of Owner/Applicant (If Different): 89 Lamb St. Portland Westbrook

**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: Jim Michael Date: 1/20/04

**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: \_\_\_\_\_

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<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>01948</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	<u>2</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	<u>2</u>	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	<u>2</u>	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
		Fixtures (Subtotal) Column 2		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
				Permit Fee (Total)
				<u>42</u>

264 42  
+ 152