

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: Portland  
 Street Subdivision Lot #: 7 Watermill 2  
 Last: Casco Bay Ventures  
 Applicant Name: JIM'S POIT  
 Mailing Address of Owner/Applicant (if Different): 82 Lamb St Westbrook

PORTLAND Date Permit Issued: 12/20/04 PERMIT # 8749 STATE COPY 1198  Double Fee FEE Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 06540

### Owner/Applicant Statement

### Caution: Inspection Required

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.

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant: [Signature] Date: 1/20/04

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>101948</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.	3	Hosebibb / Sillcock	4	Bathtub (and Shower)
		Floor Drain	4	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	4	Sink
		Drinking Fountain	8	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	1	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	4	Clothes Washer
		Grease / Oil Separator	4	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)

#264

198  
+ 10  
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208

1980

STATE COPY