

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	37 Fore St
Last: Evans	First: Stanley
Applicant Name:	Brian Gagne
Mailing Address of Owner/Applicant (if Different)	10 Forest Lane Cumberland

~~089~~

PORTLAND	7733	TOWN COPY
Date Permit Issued:	6/15/01	\$ 610.00
Local Plumbing Inspector Signature		<input type="checkbox"/> If Double Fee Charged
		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 Inspectors to deny a Permit.

Signature of Owner/Applicant: *[Signature]* Date: 6-8-01

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: *[Signature]* Date Approved: 017 6 007

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 # L7628
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 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. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	3	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1000	Water Heater
		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

60
10/17