

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or  
Plantation Portland  
Street or  
Subdivision 113 Newbury St.

## PROPERTY OWNER(S) NAME

Last: 113 Newbury St. LLC First

Applicant  
Name: Granite Corp

Mailing Address of  
Owner/Applicant PO Box 370  
(if Different) Oakland, Me 04963

### 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(s) to deny a permit.



Signature of Owner/Applicant

August 17, 2015  
Date

Department of Health and Human Services  
Division of Environmental Health

Town/City \_\_\_\_\_ Permit # \_\_\_\_\_

Date Permit Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # \_\_\_\_\_

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

### Caution: Inspection Required

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

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

## PERMIT INFORMATION

### This Application is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

### Type of Structure to be Served

1. ☐ SINGLE FAMILY RESIDENCE
2. ☐ MODULAR OR MOBILE HOME
3. ☒ MULTIPLE FAMILY DWELLING
4. ☐ OTHER-SPECIFY Hotel

### Plumbing to be Installed by:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D HOUSING DEALER / MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # |M|S|8|0|0|2| | | |

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

### Column 2 Number Type of Fixture

### Column 1 Number Type of Fixture

<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> 4 Hosebib / Sillcock	<input type="checkbox"/> 1 8 Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> 3 Floor Drain	<input type="checkbox"/> 4 1 Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> 3 5 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> 8 9 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 6 6 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> 3 5 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> 3 5 Dish Washer
	<input type="checkbox"/> 4 Roof Drain	<input type="checkbox"/> 3 5 Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other:	<input type="checkbox"/> 3 5 Water Heater
	<input type="checkbox"/> 1 1 Fixtures (Subtotal) Column 2	<input type="checkbox"/> 38 9 Fixtures (Subtotal) Column 1
		<input type="checkbox"/> 1 1 Fixtures (Subtotal) Column 2

OR

[ TRANSFER FEE  
\$10.00 ]

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

400 TOTAL FIXTURES

10 Fixture Fee  
Transfer Fee

Hook-Up & Relocation Fee

4010 PERMIT FEE (TOTAL)

[ Owner [ Town Copy [ State Copy