

027-11-207

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: \_\_\_\_\_  
 Street Subdivision Lot #: 415 [unclear] St.  
**PROPERTY OWNERS NAME**  
 Last: J.F. Properties (Business)  
 Applicant Name: [unclear]  
 Mailing Address of Owner/Applicant (If Different): [unclear]

PORTLAND Date Permit Issued: 1/13/98 6344 \$ [unclear] TOWN COPY [unclear] # Double Fee Charged [unclear]  
 Local Plumbing Inspector Signature: D. Samuel [unclear]

**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 \_\_\_\_\_ 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: Arthur Rowe (SR)

Date Approved: 1/14/98

**PERMIT INFORMATION**

<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 type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input 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>[unclear]</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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
<b>OR</b>  TRANSFER FEE [\$6.00]	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 2</b>	
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>		<b>Total Fixtures</b>		
		<b>Fixture Fee</b>		\$
		<b>Transfer Fee</b>		\$
		<b>Hook-Up &amp; Relocation Fee</b>		\$
		<b>Permit Fee (Total)</b>		\$