

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street Subdivision Lot #: 28 Monument Square 3rd flr  
**PROPERTY OWNERS NAME**

Last: Dodge First: Bob  
 Applicant Name: EASTERN MECHANICAL INC  
 Mailing Address of Owner/Applicant (If Different): PO Box 518 BIRDFORD, ME 04005

2009-8122

PORTLAND PERMIT # 10992 TOWN COPY

Date Permit Issued: 7/15/09 \$ 1100  If Double Fee Charged  
 Signature: [Signature] L.P.I. # 07321  
 Local Plumbing Inspector Signature

27-F-002

## 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: 7-13-09

## 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: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" 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 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>7016</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
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. <b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. <b>OR</b> TRANSFER FEE [\$6.00]		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: <u>BAR SINK</u>	1	Water Heater
		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			14	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$100.00