

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland
 Street Subdivision Lot #: 136 Commercial St.
 Last: Hanson First: Stacy
 Applicant Name: Flinks Plb & H/W
 Mailing Address of Owner/Applicant (If Different): 358 Preble St. S.P.

PORTLAND Date Permit issued: 1/18/05 PERMIT # 9237 TOWN COPY Double Fee Charged
 Local Plumbing Inspector Signature: A. Howe L.P.I. # 016411

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.

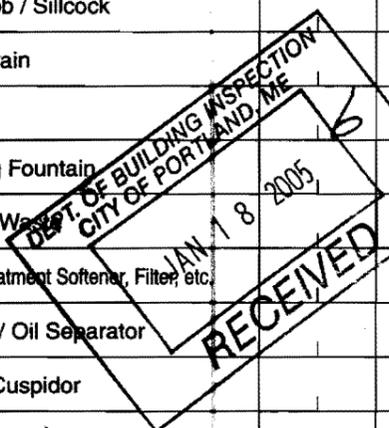
Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant: [Signature] Date: 1-18-05 Local Plumbing Inspector Signature: [Signature] Date Approved: 02/01/05

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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 type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hair Salon</u>	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 # <u>5486</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Sillcock		Bathtub (and Shower)
OR		Floor Drain		Shower (Separate)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		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
OR		Bidet		Laundry Tub
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>6</u>	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Total Fixtures
			<u>42</u>	Permit Fee (Total)



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