

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation: \_\_\_\_\_  
 Street: 303 Fore Street  
 Subdivision Lot #: \_\_\_\_\_

## PROPERTY OWNERS NAME

Last: BOUZIANIS First: Danny

Applicant Name: Portland Airconditioning Inc  
 Mailing Address of Owner/Applicant (If Different): 205 Lincoln St  
 So Portland, ME 04106

2004-8054

DATE PERMIT ISSUED: 02/21/04 PERMIT # 3790 STATE COPY  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] FEE: \$ 1174.00 L.P.I. # 0640

032 FOOS

## 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] Date: 02/21/04  
 Signature of Owner/Applicant

## 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

### This Application is for

1.  NEW PLUMBING
2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER - SPECIFY Restaurant

### 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 # 02313

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 Number      Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.  <b>OR</b>  <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.	_____ Hosebibb / Sillcock	_____ Bathtub (and Shower)
	<u>1, 2</u> Floor Drain	_____ Shower (Separate)
	_____ Urinal	<u>3</u> Sink
	_____ Drinking Fountain	<u>2</u> Wash Basin
	<u>5</u> Indirect Waste	<u>2</u> Water Closet (Toilet)
	_____ Water Treatment Softener, Filter, etc.	_____ Clothes Washer
	<u>1</u> Grease / Oil Separator	_____ Dish Washer
	_____ Dental Cuspidor	_____ Garbage Disposal
	_____ Bidet	_____ Laundry Tub
	_____ Other: _____	<u>3</u> Water Heater
<b>OR</b>  <b>TRANSFER FEE</b> [\$6.00]	<u>1, 8</u> Fixtures (Subtotal) Column 2	<u>1, 0</u> Fixtures (Subtotal) Column 1
		<u>1, 8</u> Fixtures (Subtotal) Column 2
		_____ Fixture Fee
		_____ Drain Fee
		<u>174</u> Permit Fee (Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

OK # 12610

174  
10  
184