

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: PORTLAND.
Street Subdivision Lot #: 400 CONGRESS ST.

PROPERTY OWNERS NAME

Last: ALL DORVILLE First: _____
Applicant Name: ALL EXPRESS PLUMBING & HEATING, INC.
Mailing Address of Owner/Applicant (If Different): P.O. Box 10462 PORTLAND, ME 04104

2007-8114

PORTLAND PERMIT # 10258 TOWN COPY

Date Permit Issued: 04 25 07 \$ 1124 If Double Fee Charged

Quener
Local Plumbing Inspector Signature

L.P.I. # 0732

32-61

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: _____ Date: 4/24/07

Caution: Inspection Required

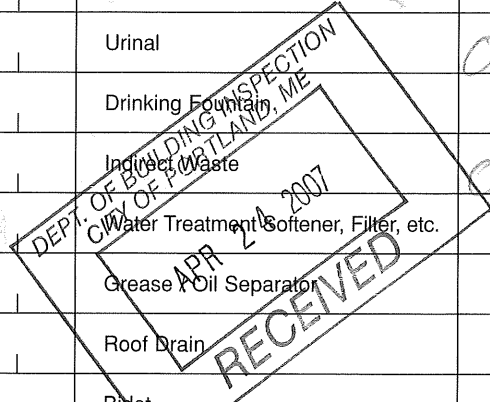
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>OFFICE BUILDING</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>091143</u></p>
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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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	0,1	Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	0,1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____		Water Heater
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	0,2	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			0,2	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24	Permit Fee (Total)



24
10
1/34