

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

032-N-00

PROPERTY ADDRESS

| | |
|--------------------------|------------------|
| Town or Plantation | CITY of Portland |
| Street Subdivision Lot # | 416 Fore st. |

PORTLAND
Date Permit Issued: 11/30/00
Local Plumbing Inspector Signature: [Signature]
7537 TOWN COPY
\$196.11 FEE Charged Double Fee
L.P.I. # 01241

Last: Manning First: Tom
Applicant Name: Salevsky & SousPettive
Mailing Address of Owner/Applicant (If Different): P.O. Box 242 Cape Cottage Br Cape Elizabeth Me

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: 11.30.00

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: [Signature]

Date Approved: 12/7/00

PERMIT INFORMATION

| | | |
|---|--|--|
| <p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input 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 type="checkbox"/> OTHER - SPECIFY _____</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>23,091</u></p> |
|---|--|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Type of Fixture | | Column 1 Type of Fixture | |
|---|-----------------------------|--|-----------------------------|------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| <p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> | | Urinal | 2 | Sink |
| | | Drinking Fountain | 3 | Wash Basin |
| | | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: <u>ICE MAKER</u> | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 7 | Fixtures (Subtotal) Column 1 |
| | | | 1 | Fixtures (Subtotal) Column 2 |
| | | | 8 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee |
| | | | | (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TRANSFER FEE
[\$6.00]