

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 378 Wharf St / 428

PROPERTY OWNERS NAME

Last: Nichols Properties
Applicant Name: Steve Casazzo P
Mailing Address of Owner/Applicant (If Different): 17 Burnham Rd Scarborough ME 04074

0004 8048

PERMIT # 0769 STATE # 104 If Double Fee Charged

Date Permit Issued: 2/12/04 \$ 4121010 FEE

Simulant City L.P.I. # 4608

Local Plumbing Inspector Signature

0322001

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]
Signature of Owner/Applicant 2/12/04
Date

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 checked="" 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 checked="" type="checkbox"/> OTHER - SPECIFY <u>commercial</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>L 7044</u></p> |
|--|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 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 style="text-align: center; font-size: 2em;">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> | | Urinal | 1 | Sink |
| | | Drinking Fountain | 2 | Wash Basin |
| <p style="text-align: center; font-size: 2em;">OR</p> <p>TRANSFER FEE [\$6.00]</p> | | Indirect Waste | 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | 1 | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 5 | |
| | | | 1 | |
| | | | 6 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up / Piping / etc. |
| | | | | Permit Fee (Total) |

OK # 1702

42
10
52 42