

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2nd Floor

Town or Plantation: Portland
 Street: 161 Commercial St
 Subdivision Lot #: Portland ME 04103
 Last: Rob Dog Realty Roberts
 Applicant Name: George G. Farr
 Mailing Address of Owner/Applicant (If Different): 16 Georgia St Portland ME 04103

PORTLAND PERMIT # 8735 STATE COPY
 Date Permit Issued: 1/12/04 \$ 475
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 061411

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: 1-11-04

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: _____

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>Store kitchen</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>P.25.92</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>4</u>	Sink
		Drinking Fountain		Wash Basin
OR TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	<u>1</u>	Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>1</u>	Total Fixtures
			<u>6</u>	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Permit Fee (Total)

48
 $\frac{48}{10} = 4.8$
 $\frac{30}{10} = 3.0$
 $4.8 + 3.0 = 7.8$
 $7.8 \times 48 = 374.4$
 STATE COPY