

# PLUMBING APPLICATION

Division of Health Engineering

**PROPERTY ADDRESS**

Town or Plantation: Portland ME

Street: ~~205 Commercial St~~ ~~Commercial St~~

Subdivision Lot #:

**PROPERTY OWNERS NAME**

Last: Mims First:

Applicant Name: MIMS

Mailing Address of Owner/Applicant (If Different): 205 COMMERCIAL ST PORTLAND ME 04101

2004-8035

Date Permit Issued: 2-5-04 PERMIT # 9742 STATE # 994  If Double Fee Charged

John J. Adas L.P.I. # 0999

Local Plumbing Inspector Signature

032 0002

**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] 2-5-04  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

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

[Signature] Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></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 _____</p>	<p><b>Plumbing To Be Installed By:</b></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>1958258</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.  <p style="text-align: center; font-size: 1.5em;"><b>OR</b></p> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<p style="text-align: center; font-size: 1.5em;"><b>OR</b></p> <input type="checkbox"/> TRANSFER FEE [\$6.00]	0.2	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p style="text-align: center; font-size: 1.5em;"><b>OR</b></p> <input type="checkbox"/> TRANSFER FEE [\$6.00]	0.1	Grease / Oil Separator	0.1	Dish Washer
		Dental Cuspidor	<del>0.1</del>	Garbage Disposal
<p style="text-align: center; font-size: 1.5em;"><b>OR</b></p> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet	0.1	Laundry Tub (map)
		Other: _____		Water Heater
	0.3	Fixtures (Subtotal) Column 2	3	Total Fixtures
			2	Total Fixtures
			3	Total Fixtures
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

30  
10  
40