

PLUMBING APPLICATION

Town or Plantation: Portland
 Street Subdivision Lot #: 59 Hanover St
DROP Peninsula Properties
 Last: Peninsula Properties First: Dine State P&H Inc.
 Applicant Name: Dine State P&H Inc.
 Mailing Address of Owner/Applicant (if different): POB 6308 Scarborough ME 04070

PORTLAND
 Date Permit Issued: 12/14/02 PERMIT # 8279 STATE COPY \$ 9100.00 # Double Fee FEE Charged
Carroll S. Rowe Local Plumbing Inspector Signature L.P.I. # 06411

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 Date: 12-3-02

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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>125011</u>

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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	0.3	Bathtub (and Shower)
	0.1	Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0.3	Sink
		Drinking Fountain	0.3	Wash Basin
		Indirect Waste	0.3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0.1	Water Heater
		Fixtures (Subtotal) Column 2	1.3	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				0.1
				90
				14
				100
Total Fixtures				90
Permit Fee (Total)				90

STATE COPY

90 / 14 / 100