

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

Permit 415-2857 ASAP

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 217 High St.

PROPERTY OWNERS NAME

Last: YMA First: _____
Applicant Name: Arthur
Mailing Address of Owner/Applicant (If Different): 11 Wellace Ave - 3 Portland, ME 04106

PORTLAND PERMIT # 9798 TOWN COPY
Date Permit Issued: 3/7/06 \$ 36 FEE Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 018121C
36 G 023

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] 3/6/06
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.
Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

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 type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>lock room</u>	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>05605</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
	<u>1</u>	Drinking Fountain	<u>3</u>	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Bidet		Laundry Tub
		Other: _____		Water Heater
	<u>1</u>	Fixtures (Subtotal) Column 2	<u>4</u>	Fixtures (Subtotal) Column 1
			<u>1</u>	Fixtures (Subtotal) Column 2
			<u>5</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE
*4246.3
66.00
110.00*

TOWN COPY 46.00