

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 555 Congress St

## PROPERTY OWNERS NAME

Conerstone Building

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: Pine State P+H.

Mailing Address of Owner/Applicant (If Different): PO Box 6308  
Sect ME 01070-6308

**PORTLAND PERMIT # 9908 TOWN COPY**

Date Permit Issued: 6.12.06 \$ 178.00  If Double Fee Charged

Thomas Markley L.P.I. # 0714  
Local Plumbing Inspector Signature

37 A 043

### 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: \_\_\_\_\_ Date: 6-20

### 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><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input 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 <u>Restaurant</u></p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input 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>MS. 82,95</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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	0,1	Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0,4	Urinal		Sink
	0,2	Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0,6	Fixtures (Subtotal) Column 1
			0,3	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			88	<b>Permit Fee (Total)</b>

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**