

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 519 Congress St. Portland

PROPERTY OWNERS NAME

Maine Charitable Mechanics Association

Last: _____ First: _____
 Applicant Name: ROBERT E. Pettegill Jr
 Mailing Address of Owner/Applicant (If Different): LYMAN ME. 04002
285 Goodwin's Mills Rd

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.

Robert E. Pettegill Jr
 Signature of Owner/Applicant 9-12-15
 Date

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

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

| 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>Maine Charitable Mechanics Association</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>1,3,0,56</u> |

| 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 | 4 | Sink |
| | | Drinking Fountain | | Wash Basin |
| OR TRANSFER FEE [\$6.00] | | Indirect Waste | 4 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 9 | Fixtures (Subtotal) Column 1 |
| | | | | Fixtures (Subtotal) Column 2 |
| | | | | Total Fixtures |
| | | | 90.00 | Fixture Fee |
| | | | 10.00 | Surcharge Fee Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | 100.00 | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE