

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

## PROPERTY ADDRESS

Town Or Plantation: PORTLAND  
Street Subdivision Lot #: 477 CALLESS ST.

## PROPERTY OWNERS NAME

Last: OCTOBER OOK PORATOU First: \_\_\_\_\_

Applicant Name: PHILIP MEYER

Mailing Address of Owner/Applicant (If Different): MASON MECHANICAL SYSTEMS  
194 HERRON RD. AUBURN, ME

PORTLAND Date Permit Issued: 7/12/01 7754 TOWN COPY  
\$ 1116.00 FEE Charged  Double Fee Charged  
Local Plumbing Inspector Signature: [Signature] L.P.I. # 04124  
037 F022

## Owner/Applicant Statement 04210

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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 04/21/01

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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>OFFICE</u>	<b>Plumbing To Be Installed By:</b> 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>2580</u> <u>ROY TETREAVLT - MASTER PLUMBER</u>	

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0	Hosebibb / Sillcock	0	Bathtub (and Shower)
	0	Floor Drain	0	Shower (Separate)
	1	Urinal	0	Sink
	0	Drinking Fountain	3, 2	Wash Basin
	0	Indirect Waste	3, 9	Water Closet (Toilet)
	0	Water Treatment Softener, Filter, etc.	0	Clothes Washer
	0	Grease/Oil Separator	0	Dish Washer
	0	Dental Cuspidor	0	Garbage Disposal
	0	Bidet	0	Laundry Tub
	0	Other: _____	9	Water Heater
Number of Hook-Ups & Relocations			1	
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		1	Fixtures (Subtotal) Column 1
			8.0	Fixtures (Subtotal) Column 2
			8.1	Total Fixtures
			\$ 486.	Fixture Fee
			\$ 10.	Hook-Up & Relocation Fee
			\$ 496.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

04/21/01