

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

040-C-030

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 51 York St

PROPERTY OWNERS NAME

Last: Rood First: Dan

Applicant Name: George G. Farr

Mailing Address of Owner/Applicant (if Different): 16 Coligny St. Portland ME 04103

PORTLAND Date Permit Issued: 7.9.98 6531 TOWN COPY \$ 32 FEE If Double Fee Charged
Local Plumbing Inspector Signature: _____ L.P.I. # 0129

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 Inspector to deny a Permit.

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: Arthur Vow Date Approved: 7/10/98

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 checked="" 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>other space</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>02572</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. | <u>1</u> | Urinal | <u>1</u> | Sink |
| | | Drinking Fountain | <u>3</u> | Wash Basin |
| | | Indirect Waste | <u>3</u> | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| OR TRANSFER FEE [\$6.00] | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | <u>7</u> | Fixtures (Subtotal) Column 1 |
| | | | <u>1</u> | Fixtures (Subtotal) Column 2 |
| | | | <u>8</u> | Total Fixtures |
| | | | \$ | Fixture Fee |
| | | | \$ | Transfer Fee |
| | | | \$ | Hook-Up & Relocation Fee |
| | | | \$ <u>32</u> | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE