

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	1-2 McCormick Pl
Street Subdivision Lot #	Portland

PROPERTY OWNERS NAME

Last: SWAN	First: DAVID
Applicant Name: David Swan	
Mailing Address of Owner/Applicant (If Different): Charlie Salasky So Po	

2004-8059

Date Permit Issued: 02 26 04	PERMIT # 8784	Fee: \$ 258.00	<input type="checkbox"/> Double Fee FEE Charged
Local Plumbing Inspector Signature: <i>Charles Salasky</i>		L.P.I. # 4608	

044 A 012

Owner/Applicant Statement 232-8069

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.

David Swan **2 26 04**
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 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 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 # 2309
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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.	1	Hosebibb / Sillcock	5	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	13	Sink <i>5 kitchen 8 bathroom</i>
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Indirect Waste	8	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	5	Clothes Washer
		Grease / Oil Separator	5	Dish Washer
		Dental Cuspidor	5	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	41	
			1	
			42	Total Fixtures
			258	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
DEPT. OF BUILDING INSPECTION
FOR CALCULATIONS

RECEIVED

FEB 26 2004

CK# 0204

258
10
268