

CE 046 B019099

**PLUMBING APPLICATION**

Town or Plantation: Maine Portland  
 Street Subdivision Lot #: 150<sup>th</sup> High St Unit 44  
 Last: [Signature] First: Bill  
 Applicant Name: Craig D. Douglas  
 Mailing Address of Owner/Applicant (If Different): 514 Harris Rd. Cumberland

PORTLAND PERMIT # 8285 STATE COPY  
 Date Permit Issued: 12/16/02 \$ 3610.00 FEE Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0748

**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]  
 Signature of Owner/Applicant Date: Me 0902

**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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<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>8167</u>
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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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	<input checked="" type="checkbox"/>	Shower (Separate)
<b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<input checked="" type="checkbox"/>	Sink
		Drinking Fountain	<input checked="" type="checkbox"/>	Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>		Grease / Oil Separator	<input checked="" type="checkbox"/>	Dish Washer
		Dental Cuspidor	<input checked="" type="checkbox"/>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		<b>Total Fixtures</b>  <b>Permit Fee (Total)</b>
			<u>36</u>	

STATE COPY

36  
10  
46