

PLUMBING APP

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

11228

CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Portland
 Street or Road: 180-190 Park Ave.
 Subdivision, Lot #:

City, Town, or Plantation: Portland Permit # 2013 00473
 Date Permit Issued: 3/12/13 Fee: \$ 140 Double Fee Charged []
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

PROPERTY OWNERS NAME

Name (last, first, MI): Portland Community Health Center Owner Applicant
 Mailing Address of Owner/Applicant: Caron Wallz
321 Lincoln St. So. Portland
 Daytime Tel. #: 799-2228

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

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and Local Plumbing Inspector to deny a Permit.
 Signature of Owner or Applicant: [Signature] Date: 3-12-13

Date Approved (Rough-In): _____
 Local Plumbing Inspector Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input checked="" 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 type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY <u>Commercial</u>	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>18633</u>
	Hook-Up & Piping Relocation Maximum of 1 Hook-Up City of _____	

MAR 12 2013
 RECEIVED
 Building Inspector
 Dept. of Environmental Health
 State of Maine

Hook-Up & Piping Relocation Maximum of 1 Hook-Up City of _____	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		Hosebibb / Sillcock		Bathtub (and Shower)
OR		Floor Drain		Shower (Separate)
	<input checked="" type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system		Urinal	2
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Drinking Fountain	5	Wash Basin
		Indirect Waste	5	Water Closet (Toilet)
OR		Waste Treatment Softener, Filter, etc.		Clothes Washer
	<input type="checkbox"/> TRANSFER FEE (\$10.00)		Grease / Oil Separator	
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			13	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
			140-	(Total)