

#5

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation

Street Subdivision Lot # 120 Green St

PROPERTY OWNERS NAME

Last: Wright First: Michael

Applicant Name: John Michael Wright

Mailing Address of Owner/Applicant (If Different)
3-1 Adams St

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 _____

PORTLAND 5654 TOWN COPY

Date Permit Issued: 2 2 96 \$ 12 FEE Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature _____

Caution: Inspection Required

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

Markland W. Gray
Local Plumbing Inspector Signature

7-16-96
Date Approved

PERMIT INFORMATION

048-C-006

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input 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 type="checkbox"/> OTHER — SPECIFY _____	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 # _____

	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.		Hosebibb / Sillcock		Bathtub (and Shower)
<input type="checkbox"/>			Floor Drain		Shower (Separate)
<input type="checkbox"/>	OR		Urinal		Sink
<input type="checkbox"/>			Drinking Fountain		Wash Basin
<input type="checkbox"/>	HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
<input type="checkbox"/>	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
<input type="checkbox"/>			Grease / Oil Separator		Dish Washer
<input type="checkbox"/>	Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$	Hook-Up & Relocation Fee		Bidet		Laundry Tub
<input type="checkbox"/>	OR		Other: _____		Water Heater
<input type="checkbox"/>		TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	
					Fixtures (Subtotal) Column 2
				<u>3</u>	Total Fixtures
				\$	Fixture Fee
				\$	Transfer Fee
				\$	Hook-Up & Relocation Fee
				\$	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY