

PLUMBING APPLICATION

048 F 005

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	80 S
Last: <u>Church</u>	First: <u>SARAH HOWARD</u>
Applicant Name:	<u>John Belling</u>
Mailing Address of Owner/Applicant (If Different)	<u>980 RIVERSIDE CT</u>

PORTLAND Date Permit Issued:	<u>7/18/01</u>	7772	TOWN COPY	<input type="checkbox"/> # Double Fee Charged
		\$	<u>12400</u>	FEE
Local Plumbing Inspector Signature		L.P.I. # <u>011214</u>		

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 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

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" 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 # <u>025115</u>

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. 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.		Urinal		Sink
		Drinking Fountain	2	Wash Basin
OR TRANSFER FEE [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2	4		
			4	Total Fixtures
				Permit Fee (Total)

(R00227)

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