

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 165 Park Ave.

## PROPERTY OWNERS NAME

Last: City of Portland First: Portland

Applicant Name: Robert Grover

Mailing Address of Owner/Applicant (If Different): 389 Congress, Port, Me.

## 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.

Robert Grover 5/26/08  
Signature of Owner/Applicant Date

PORTLAND

PERMIT # 1061 TOWN COPY

Date Permit Issued: 5/27/08  
Chris [Signature]  
Local Plumbing Inspector Signature

\$ 11156  If Double Fee FEE Charged

L.P.I. # 10165

## 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.  NEW PLUMBING
2.  RELOCATED PLUMBING

new fixtures

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER - SPECIFY Expo Locker

### Plumbing To Be Installed By:

1.  MASTER PLUMBER
2.  OIL BURNERMAN
3.  MFG'D. HOUSING DEALER/MECHANIC
4.  PUBLIC UTILITY EMPLOYEE
5.  PROPERTY OWNER

LICENSE # 7.0006234

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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
	<u>16</u>	Floor Drain <u>Shower</u>	<u>11</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>4</u>	Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	<u>4</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			<u>25</u>	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Waived

136  
110  
166

136