

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: _____
 Street Subdivision Lot #: 191 Inman St
 Last: Poe Eckels First: Annalee Joshua
 Applicant Name: JOSHUA Eckels
 Mailing Address of Owner/Applicant (If Different): 287 STATE ST #2

053 B 016

PORTLAND Date Permit Issued: <u>3/28/02</u>	PERMIT # <u>8029</u>	STATE COPY FEE Charged: <u>\$1800.00</u> <input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <u>[Signature]</u>		L.P.I. # <u>0,736</u>

0000 8100

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: 3/28/02

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
	1	Fixtures (Subtotal) Column 2	1,0	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Fixtures (Subtotal) Column 2
			1,1	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			80	Permit Fee (Total)

80
10
90