

# PLUMBING APPLICATION

053-0-012

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: Portland Ave

**PROPERTY OWNERS NAME**

Last: Wynn First: RENO

Applicant Name: Allyssa Rose Co., Inc.

Mailing Address of Owner/Applicant (If Different): David G. Krueger  
756 Rt. 302

PORTLAND Date Permit Issued: 3.30.98 6430 TOWN COPY 16 \$ 16 FEE  If Double Fee Charged

**PERMIT ISSUED**

**REQUIREMENTS**

**Owner/Applicant Statement** CASCO ME SCHOOLS

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: [Signature] Date: 01/13/98

**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: [Signature] Date Approved: 11/13/98

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
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 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>025533</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain		Wash Basin
<b>OR</b>  TRANSFER FEE \$[6.00]		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	4	<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
			16	<b>Total Fixtures</b>
			\$	<b>Fixture Fee</b>
			\$	<b>Transfer Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 16	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE