

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street: 22 Bramhall St  
 Subdivision Lot #

## PROPERTY OWNERS NAME

Last: MMC First:

Applicant Name: DAVA FOOTE JENSON  
 Mailing Address of Owner/Applicant (If Different): 765 Congress St

PORTLAND PERMIT # 11371 TOWN COPY  
 Date Permit Issued: 7/13/10 \$ 240.00  If Double Fee Charged  
Jimmy Munson L.P.I. # 3601  
 Local Plumbing Inspector Signature

53-D-7

## 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.

## Caution: Inspection Required

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

Dava H. Foote 7-29-10  
 Signature of Owner/Applicant Date

053 D 007  
 Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hospital</u>	<b>Plumbing To Be Installed By:</b> 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>145900</u>
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SSA 7

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. <b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

34.00