

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

| | |
|---|------------------------------------|
| Town Or Plantation | Portland |
| Street Subdivision Lot # | 704 Congress |
| PROPERTY OWNERS NAME | |
| Last: Christy | First: Ken |
| Applicant Name: | Ken Christy |
| Mailing Address of Owner/Applicant (If Different) | 564 Beach St Portland, ME 04106 |

PORTLAND 6580 TOWN COPY

Date Permit Issued: 12/18/98 \$ 12.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: Samuel Hoffes

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding that any falsification is reason for the Local Plumbing Inspector 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

PERMIT INFORMATION

| | | |
|--|---|--|
| This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type Of Structure To Be Served: 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 _____ | 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 type="checkbox"/> PROPERTY OWNER LICENSE # 12345 |
|--|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Number Type of Fixture | Column 1 Number Type of Fixture |
|---|--|---|
| OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | Hosebibb / Sillcock | Bathtub (and Shower) |
| | Floor Drain | Shower (Separate) |
| | Urinal | 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 |
| | 3 Other: _____ | Water Heater |
| OR TRANSFER FEE [\$6.00] | Fixtures (Subtotal) Column 2 3 | Fixtures (Subtotal) Column 1 0 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | Fixtures (Subtotal) Column 2 3 |
| | | Total Fixtures 3 |
| | | Fixture Fee \$ 12.00 |
| | | Transfer Fee \$ |
| | | Hook-Up & Relocation Fee \$ |
| | | Permit Fee (Total) \$ 12.00 |