

58-C-1

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS

PLUMBING APPLICATION

PROPERTY ADDRESS

City, Town, or Plantation: Portland

Street or Road: 65 West Commercial St.

Subdivision, Lot #: _____

City, Town, or Plantation: Portland

Town/Date Perm: 117124

Local Plumbing Inspector Signature: [Signature]

L.P.I. #: _____

Fee Charged []: _____

PROPERTY OWNERS NAME

Name (last, first, MI): J.B. Brown & Sons

Owner Applicant

Mailing Address of Owner/Applicant: P.O. Box 147

Address: Topsham, ME 04086

Daytime Tel. #: 207 458 0586

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

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

Date Approved (Rough-In): _____

Date Approved (Final): _____

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant: [Signature] Date: 11-21-2011

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>Business</u>	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12417161</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1		
	Number	Type of Fixture	Number	Type of Fixture
<input checked="" 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		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain	0,2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Urinal	0,1	Sink
		Drinking Fountain	0,2	Wash Basin
		Indirect Waste	0,2	Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0,1	Water Heater
		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				(Total)