

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street: 28 Orchard St.  
 Subdivision Lot #:

## PROPERTY OWNERS NAME

Last: SPRAGUE First: LAURA

Applicant Name: SETH SPRAGUE

Mailing Address of Owner/Applicant (If Different): 28 ORCHARD ST.

2004-8032

Date Permit issued: <u>2/4/04</u>	PERMIT # <u>8753</u>	STATE COPY \$ <u>96</u>	FEE Charged <input type="checkbox"/> If Double Fee
Local Plumbing Inspector Signature: <u>A. Rowe</u>		L.P.I. # <u>0641</u>	

061 E003

### 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 of Owner/Applicant: [Signature] Date: 2/4/04

### 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

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b> <u>Steven Calazzo</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>07844</u></p>
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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
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">OR</p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
<p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">OR</p> <p>TRANSFER FEE [\$6.00]</p>		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	5	
			0	
<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p> <p style="font-size: 1.5em; font-weight: bold;">36</p> <p style="font-size: 1.5em; font-weight: bold;">+ 10</p> <p style="font-size: 1.5em; font-weight: bold;">= 46</p>				Total Fixtures
<p>ck# 6458</p>				Permit Fee (Total)
			36	