

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	395 Danforth
PROPERTY OWNERS NAME	
Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND	5608	TOWN COPY
Date Permit Issued:	12/15/95	\$ <u>12</u> <input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # <u>0124</u>

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 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 # <u>023147</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 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 / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>3</u>	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
			\$ <u>12</u>	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

001-E-007

PLUMBING APPLICATION

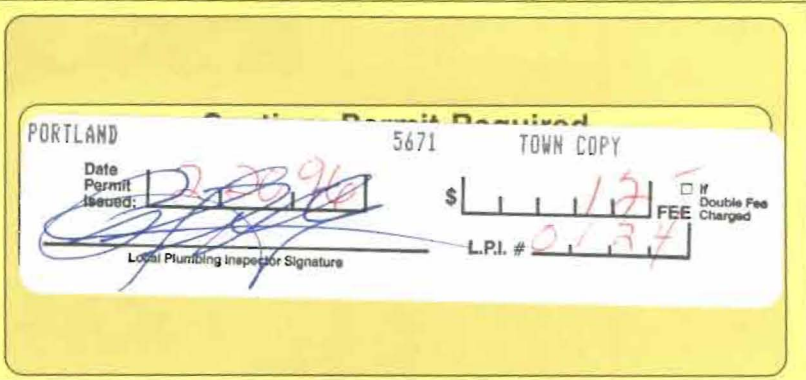
Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland Maine
Street Subdivision Lot #: 395 Danforth Street

PROPERTY OWNERS NAME

Last: Davison First: Barbara
Applicant Name: Mainely Plumbing & Heating Inc.
Mailing Address of Owner/Applicant (if Different): 599 Riverside Street Portland Maine 04103



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 Inspector to deny a Permit.

Signature of Owner/Applicant

2-28-96
Date

Caution: Inspection Required

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

Amy Powers
Local Plumbing Inspector Signature

9-96
Date Approved

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type Of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER — SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER / MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # 1, 2, 3, 4, 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.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]		0	Fixtures (Subtotal) Column 2
			3	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>12</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE