

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: \_\_\_\_\_  
Street Subdivision Lot #: 74 Forest Street

## PROPERTY OWNERS NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: John - Gordon

Mailing Address of Owner/Applicant (If Different): 1573 \_\_\_\_\_

PORTLAND Date Permit Issued: 11.12.99 7072 TOWN COPY \$ 160 FEE  Double Fee Charged L.P.I. # 0124  
Local Plumbing Inspector Signature: \_\_\_\_\_

## 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: CHRIS GORDON Date: 11.29.99

## 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

<b>This Application is for</b> 1. <input 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 _____	<b>Plumbing To Be Installed By:</b> 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 # _____
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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
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.  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
		Other: _____		Water Heater
<b>OR</b>  TRANSFER FEE [ \$6.00 ]	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
			<b>Fixtures (Subtotal) Column 2</b>	
			<b>Total Fixtures</b>	
			<b>Fixture Fee</b>	
			<b>Transfer Fee</b>	
		<b>Hook-Up &amp; Relocation Fee</b>		
		<b>Permit Fee (Total)</b>		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

10	<b>Total Fixtures</b>
\$ 40	<b>Fixture Fee</b>
\$ 6	<b>Transfer Fee</b>
\$ .	<b>Hook-Up &amp; Relocation Fee</b>
\$ 46	<b>Permit Fee (Total)</b>

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