

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 140 Chadwick Street

PROPERTY OWNERS NAME

Last: Dedues First: Sarah
Applicant Name: GARY TURNER
Mailing Address of Owner/Applicant (If Different): 467 Giggly Rd Ext. Cumberland Cr. Me. 04021

PORTLAND
Date Permit Issued: 4/27/99
Local Plumbing Inspector Signature: [Signature]
6855 TOWN COPY
\$ 300 FEE If Double Fee Charged
L.P.I. # 01224

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: [Signature]

Date: 4/27/99

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: [Signature]

Date Approved: 3/6/07

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input 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>Plumbing To Be Installed By:</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>04491</u></p>
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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.		Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			9	Fixtures (Subtotal) Column 2
				Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>369.</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

63-A-016

01224-1-016

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	
Street Subdivision Lot #	170 CHARLOTTE A

PROPERTY OWNERS NAME

Last: PETERS First: DAVID
Applicant Name: WAIVES PLUMBING
Mailing Address of Owner/Applicant (If Different): 158 ST JOHN ST PORTLAND

PORTLAND	5588	TOWN COPY
Date Permit Issued: 11/16/95	\$ 48	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: [Signature]	L.P.I. # 134	

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

Amy Power 9-96

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 # _____
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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.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor	1	Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2
			12	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 18	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

63-A-016