

PLUMBING APPLICATION

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

PROPERTY ADDRESS

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

PORTLAND 5698 TOWN COPY
Date Permit Issued: 3/2/96 \$ _____ If Double Fee Charged
L.P.I. # 0.124
Local Plumbing Inspector Signature: _____
Date Approved: 9-2-96

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: Amy Simpson Date Approved: 9-2-96

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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>11111</u>

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

064-B-001