

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland, ME
Street Subdivision Lot #: St John St.

PROPERTY OWNERS NAME

Last: MARGARITAS MANAGEMENT GROUP
First: COOPERATE OFFICE / GREENLAND NH
Applicant Name: MARGARITAS
Mailing Address of Owner/Applicant (If Different): J. GALTER PLUMBING / MTG PO Box 306, Portsmouth NH

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: 7/15/08

PORTLAND

Date Permit Issued: 7/16/08
Local Plumbing Inspector Signature: [Signature]

PERMIT # 10697 TOWN COPY

\$ 1111.14 If Double Fee Charged
L.P.I. # 0732

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

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY RESTAURANT

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 6900

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebib / Sillcock		Bathtub (and Shower)
	<u>2</u>	Floor Drain <u>w/ TRAP PALMERS</u>	<u>1</u>	Shower (Separate) <u>SINK / 2 BAY PREP</u>
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. <u>AS DISCUSSED W/C HANSON C/W VENT SYSTEM W/ FLOOR SINKS AS NEEDED</u>	<u>1</u>	Urinal <u>CONVENTIONAL STEAMER</u>	<u>1</u>	Sink <u>/ 3 BAY POT SINK</u>
	<u>1</u>	Drinking Fountain <u>STEAM KETTLE RELOCATED</u>	<u>3</u>	Wash Basin / HAND SINK
<input checked="" type="checkbox"/> TRANSFER FEE [\$6.00]	<u>2</u>	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	<u>2</u>	Grease / Oil Separator <u>#250 BIG DIPPER #350</u>	<u>1</u>	Dish Washer <u>(Commercial) w/ GAS BOOST</u>
		Roof Drain	<u>1</u>	Garbage Disposal <u>FREE RINSE 20x20x5 SINK</u>
	<u>1</u>	Bidet <u>ICE MACHINE / Bin</u>		Laundry Tub
	<u>1</u>	Other: <u>FLOOR 36" MOP BASIN</u>		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE