

# PLUMBING APPLICATION

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

## PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	75- <del>11</del> ST. JOHN STREET

## PROPERTY OWNERS NAME

COZY HARBOR SEAFOOD

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

Applicant Name: JAMES J KELLEY ASSOC., INC.

Mailing Address of Owner/Applicant (If Different): P.O. BOX 1310 WESTBROOK, ME 04098-1310

PORTLAND	PERMIT # 5695	STATE COPY
Date Permit Issued: 3, 19, 96	\$ 304	<input type="checkbox"/> Double Fee Charged
255	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.

*James J. Kelley* 03-18-96  
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

<b>This Application is for</b>  1. <input checked="" 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 <u>MANUFACTURER/DISTRIBUTOR</u>	<b>Plumbing To Be Installed By:</b>  1. <input checked="" 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>CQ9Q009024</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.  <b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  Number of Hook-Ups & Relocations: 1 Hook-Up & Relocation Fee: \$ 4.00  <b>OR</b> TRANSFER FEE [\$6.00]	12	Hosebibb / Sillcock		Bathtub (and Shower)
	43	Floor Drain		Shower (Separate)
	1	Urinal	4	Sink
		Drinking Fountain	4	Wash Basin
	3	Indirect Waste	5	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
	1	Other: <u>TRENCH DRAIN</u>	1	Water Heater
	60	<b>Fixtures (Subtotal) Column 2</b>	15	<b>Fixtures (Subtotal) Column 1</b>
		60		<b>Fixtures (Subtotal) Column 2</b>
		75		<b>Total Fixtures</b>
		\$ 300		<b>Fixture Fee</b>
		\$		<b>Transfer Fee</b>
		\$ 4.00		<b>Hook-Up &amp; Relocation Fee</b>
		\$ 304		<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE