

# PLUMBING APPLICATION

082-C-001

Department of Human Sciences  
Division of Health Engineering

*mwj/ix*

## PROPERTY ADDRESS

Town or Plantation	Portland
Street	46 Devonshire St
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	Martel	First:	Gregory]
Applicant Name:	Currie and Sons		
Mailing Address of Owner/Applicant (If Different)	5 Birch Ln Windham 04062		

PORTLAND PERMIT # 6813 STATE COPY

Date Permit Issued: 3 25 99 \$ 44 FEE  If Double Fee Charged

147 Local Plumbing Inspector Signature L.P.I. # 0724

## 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.

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></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>2116</u></p>
--	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 Number      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.  <p style="text-align: center; font-size: 2em;"><b>OR</b></p> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <p style="text-align: center; font-size: 2em;"><b>OR</b></p> <input type="checkbox"/> TRANSFER FEE [\$6.00]		
	Fixtures (Subtotal) Column 2	11
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>		44
		<b>Total Fixtures</b>
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		<b>Permit Fee (Total)</b>
		44