

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PERMIT ADDRESS

Town or Plantation: 30 #4001 Shore Diamond Cove

Street Subdivision Lot: Great Diamond Pt. Harb

Last: Neil First: Alex Byron

Applicant Name: Craig D. Douglas

Mailing Address of Owner/Applicant (If Different): PO Box 531 Cumberland Me.

2004-8060

PERMIT # 8787 STATE # 171 If Double Fee Charged

Date Permit Issued: 2/27/04 \$ 171

Amundson Wiggins
Local Plumbing Inspector Signature

L.P.I. # 46108

0833A002

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] 2/26/04
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

<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 checked="" 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>81671</u></p>
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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. <p style="text-align: center; font-size: 2em;">OR</p> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<u>6</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)	
		Floor Drain	<u>3</u>	Shower (Separate)	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>3</u>	Sink	
		Drinking Fountain	<u>6</u>	Wash Basin	
		Indirect Waste	<u>5</u>	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer	
		Grease / Oil Separator	<u>1</u>	Dish Washer	
		Dental Cuspidor	<u>1</u>	Garbage Disposal	
		Bidet		Laundry Tub	
		Other: _____	<u>1</u>	Water Heater	
		Fixtures (Subtotal) Column 2		<u>16</u>	
				<u>2,2</u>	
<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p> <p style="font-size: 1.5em;">174⁰⁰ + 10⁰⁰ ----- 184⁰⁰</p> <p style="font-size: 2em; font-weight: bold;">2004</p>				<p>Total Fixtures</p>	
				<p>Permit Fee (Total)</p> <p style="font-size: 1.5em;">174⁰⁰</p>	