

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 69/71 Crescent Ave - GDI

PROPERTY OWNERS NAME

Last: Chaisson First: Lolita Eric
 Applicant Name: Jessie Mansch
 Mailing Address of Owner/Applicant (If Different): 429 Proctor St So. Portland ME 04106

2004 8113

Date Permit Issued: 4/7/04 \$ 110.00 If Double Fee Charged
 Signature: Jeanie Banks L.P.I. # 07132
 Local Plumbing Inspector Signature
083 B6007

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.

Jessie Mansch contractor 4/7/04
 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

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" 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 _____	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>9344</u>

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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock
	1	Floor Drain
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE {\$6.00}	1	Urinal
	3	Drinking Fountain
	3	Indirect Waste
	1	Water Treatment Softener, Filter, etc.
	1	Grease / Oil Separator
	1	Dental Cuspidor
	1	Bidet
	1	Other: _____
	14	Fixtures (Subtotal) Column 2
	14	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		2
		16
		16
		16
		16
		16
		102
		102

112

102

112