

# PLUMBING APPLICATION

083B-17-001 (read)  
~~083B-17-080~~  
 083F-A-300

Department of Human Services  
 Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: MCKINLEY ESTATES  
 Street Subdivision Lot #: G.D.I. BLDG 30

## PROPERTY OWNERS NAME

Last: McKinley First: Estates

Applicant Name: Eric Hike  
 Mailing Address of Owner/Applicant (if Different): 63 Ocean House Rd. Cape Elizabeth, Me 04107

PORTLAND 6572 TOWN COPY  
 Date Permit Issued: 8.14.98 \$ 172  Double Fee Charged  
 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.

Signature of Owner/Applicant: [Signature] Date: 8/14/98

## 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: [Signature] Date Approved: 8/24/98

## 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	<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>08510</u>
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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. <b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	3	Hosebibb / Sillcock	6	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain	10	Wash Basin
		Indirect Waste	10	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	3	Clothes Washer
		Grease / Oil Separator	3	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	3	Water Heater
<b>OR</b> TRANSFER FEE [\$6.00]	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
		3		3
		<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>	
		6	6	
		<b>Total Fixtures</b>	<b>Total Fixtures</b>	
		45	45	
		\$	\$	<b>Fixture Fee</b>
		\$	\$	<b>Transfer Fee</b>
		\$	\$	<b>Hook-Up &amp; Relocation Fee</b>
		\$	\$	<b>Permit Fee (Total)</b>
				172

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE