

# PLUMBING APPLICATION

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

## PROPERTY ADDRESS

Town Or Plantation: Portland / Grand Diamond Is.  
Street Subdivision Lot #: Diamond Cove

## PROPERTY OWNERS NAME

Last: McKinstry First: Parsons  
Applicant Name: Eric W. Hulse  
Mailing Address of Owner/Applicant (If Different): 63 Ocean House Rd Cape Elizabeth, ME 04107

6

PORTLAND

Date Permit Issued: 4.19.94 5061 TOWN COPY

\$ 40  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # \_\_\_\_\_

Chief Plumbing Inspector

## 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]  
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.

[Signature] 8-1-96  
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 checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input 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 <u>General Store Public bath house</u>	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>8510</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	2	Water Heater
\$ Hook-Up & Relocation Fee		<b>Fixtures (Subtotal) Column 2</b>	1.0	<b>Fixtures (Subtotal) Column 1</b>
			0	<b>Fixtures (Subtotal) Column 2</b>
			1.0	<b>Total Fixtures</b>
			\$ .	<b>Fixture Fee</b>
			\$ .	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 40.	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

083-B-M-001