

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland Diamond Cove
Street Subdivision Lot #	42 Calcaehn

PROPERTY OWNERS NAME

Last:	Lee	First:	Dudy
Applicant Name:	Richard North		
Mailing Address of Owner/Applicant (If Different)	P.O. Box 1539 Naples ME 04755		

2007-8170

PORTLAND	PERMIT # 10320	TOWN COPY
Date Permit Issued: 6/29/07	\$ 196	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # 2744

83E-19

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
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PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 # L 7168
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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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	2	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			13	Fixtures (Subtotal) Column 2
			15	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

DEPT. OF BUILDING INSPECTION
 JUN 29 2007
 RECEIVED

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

96
 10
 + 100
 206