

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND, MAINE
Street Subdivision Lot #	244 MCKINLEY COURT

PROPERTY OWNERS NAME

Last: PRAFFMANN	First: ROBERT
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Applicant Name:	ROBERT PRAFFMANN
Mailing Address of Owner/Applicant (If Different)	60 244 MCKINLEY COURT PORTLAND, MAINE

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] 3/14/04
Signature of Owner/Applicant Date

2004-8086

POSTLAND PERMIT # 5316 STATE COPY

Date Permit Issued: 3/16/04 \$ 114.00 If Double Fee Charged

[Signature]
Local Plumbing Inspector Signature

L.P.I. # 06210

OWNER OCC / D/U

083 EB062

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature]
Local Plumbing Inspector Signature

Date Approved

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 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	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.	0, 1	Hosebibb / Sillcock	0, 1	Bathtub (and Shower)
	0, 1	Floor Drain	0, 2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0, 0	Urinal	0, 5	Sink
	0, 0	Drinking Fountain	0, 0	Wash Basin
NA - EXIST	0, 0	Indirect Waste	0, 3	Water Closet (Toilet)
	0, 1	Water Treatment Softener, Filter, etc.	0, 1	Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	0, 0	Grease / Oil Separator	0, 1	Dish Washer
	0, 0	Dental Cuspidor	0, 0	Garbage Disposal
	0, 0	Bidet	0, 1	Laundry Tub
	0, 0	Other: _____	0, 1	Water Heater
	0, 3	Fixtures (Subtotal) Column 2	1, 5	Fixtures (Subtotal) Column 1
			0, 3	Fixtures (Subtotal) Column 2
			1, 8	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

CK# 1012 SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

114 + 10 = 124