

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

3) 084-U-002

## PROPERTY ADDRESS

Town Or Plantation: 77 Torrington Ave Peaks  
Street Subdivision Lot #: 77 Torrington Ave

## PROPERTY OWNERS NAME

Last: Taylor First: Kay

Applicant Name: JOHN HARTONO

Mailing Address of Owner/Applicant (If Different): 454 OLEAN ST  
30 BOSTON AND MECHANIC

**Caution: Permit Required**

PORTLAND Date Permit Issued: 3, 2, 98 6385 TOWN COPY \$ 1,210.00 FEE Double F Charged  
L.P.I. # 0, 1, 2, 4  
Local Plumbing Inspector Signature: Samuel Taylor

## 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: 3-2-98

## 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: \_\_\_\_\_

## PERMIT INFORMATION

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type Of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER — SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER / MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # 10, 27, 54

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<p><b>OR</b></p> <p>TRANSFER FEE [ \$6.00 ]</p>	Fixtures (Subtotal) Column 2		2	Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		1	Fixtures (Subtotal) Column 2
			2	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			<b>Permit Fee (Total)</b>	