

PLUMBING APPLICATION

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

PROPERTY ADDRESS

| | |
|--------------------------|-----------------------|
| Town Or Plantation | Peaks Island |
| Street Subdivision Lot # | 44 Maple St 085-J-027 |

PROPERTY OWNERS NAME

| | |
|---|-------------------------|
| Last: Bragdon | First: Frederick |
| Applicant Name: | Paul Ericco |
| Mailing Address of Owner/Applicant (If Different) | Peaks Island |

PORTLAND PERMIT # 6737 STATE COPY

Date Permit Issued: 1 25 99 \$ 28 Double Fee Charged

672 Local Plumbing Inspector Signature L.P.I. # 0124

Did Rough in 2-19-99

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.

Paul Ericco
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.

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 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>12,059</u> |
|---|--|---|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Number Type of Fixture | Column 1 Number Type of Fixture | | |
|---|---|---|--|-----------------------|
| OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | 1 | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | 1 | Floor Drain | 2 | Shower (Separate) |
| | 1 | Urinal | 1 | Sink |
| | 1 | Drinking Fountain | 2 | Wash Basin |
| | 1 | Indirect Waste | 2 | Water Closet (Toilet) |
| | 1 | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | 1 | Grease / Oil Separator | 1 | Dish Washer |
| | 1 | Dental Cuspidor | 1 | Garbage Disposal |
| | 1 | Bidet | 1 | Laundry Tub |
| | 1 | Other: _____ | 1 | Water Heater |
| 1 | Fixtures (Subtotal) Column 2 | 1 | Fixtures (Subtotal) Column 1 | |
| 1 | | 1 | Fixtures (Subtotal) Column 2 | |
| 1 | | 1 | Total Fixtures | |
| 1 | | 1 | 7 | |
| 1 | | 1 | \$ Fixture Fee | |
| 1 | | 1 | \$ Transfer Fee | |
| 1 | | 1 | \$ Hook-Up & Relocation Fee | |
| 1 | | 1 | Permit Fee (Total) | |
| 1 | | 1 | \$28 | |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

85-J-027