

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 02-0127	Issue Date: MAR 2	CBL: 089 E027001
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Location of Construction: 0 Hussey Rd, Peaks Island	Owner Name: Stek Robert J & Bonnie P Jts	Owner Address: 70 Old Town	Phone: 860-667-6389
Business Name: n/a	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Single Family	Zone: IR-1

Past Use: Vacant	Proposed Use: Single Family / Build two story 37' x 58'11" Classic Post & Beam with 27' x 8' deck, 12'6" x 24" garage and 10'6" x 24' future room. SITE PLAN #2002-0035	Permit Fee:	Cost of Work:	CEO District:	
Proposed Project Description: Build New Single Family		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group R-3 Type 3A <i>w/conditions</i>		
		Signature:	Signature: <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 3-11/02			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature:	Date:		

Permit Taken By: gg	Date Applied For: 02/11/2002	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 		Special Zone or Reviews <input type="checkbox"/> Shoreland N/A <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone PANEL 15 Zone C <input type="checkbox"/> Subdivision previous <input checked="" type="checkbox"/> Site Plan # 2002-0035 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>OK with conditions</i> <i>NS 2/24/02</i> Date	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Me: <i>[Signature]</i>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner' of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE	DATE	PHONE	

3/16/02 on site w/ Keith Helz, Jay Reynolds. Went over all 155085
and Requirements. No Wetlands PRESENT JR/KC

3/28/02 Inspected House Footing detail - Lines strung for
house location, setback ok - using 3/4" Rod to Anchor
to Ledge. OK to pour JB

4/19/02 concrete placed. Above w/ AT.

7/5/02

10/8/02 Final C.O. - Handrails not returned & height
inconsistent, no Electrical receptacle in island (kitchen)
No Electrical permit for Rough - No HVAC permit
No DRC Insp. - issued Temp C.O.
10/10/02 Rails ok - Island receptacle installed -
Check for permits - & DRC Insp. JB



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 0 Hussey Rd

CBL 089 E027001

Issued to: Stek Robert J & Bonnie P Jts/n/a

Date of Issue 10/08/2002

This is to certify that the building, premises, or ~~part~~ ⁰²⁻⁰¹²⁷ thereof, at the above location, built - altered - changed as to use under Building Permit No. _____, has had **final** inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for **occupancy or use**, limited or **otherwise**, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire
(Excluding garage & future room)

APPROVED OCCUPANCY

Single Family
Use Group R-3
Type 5B
BOCA 1999

Limiting Conditions:

1. Electric and HVAC permits must be submitted by 10/18/02.
2. All handrails shall have returned ends and be of consistent height.
3. Electric outlet must be installed in kitchen island.
4. Temporary until 11/08/2002 pending DRC inspection and approval.

This certificate supersedes certificate issued

Approved:

10/8/02 *Jeanie Banks*
(Date) Inspector

Ally P. A. [Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation: PORTLAND (PEAKS ISLAND)

Street Subdivision Lot: HUSSEY ROAD

PROPERTY OWNER'S NAME

Last: N/F CROWLEY First: JOAN

Applicant's Name: ROBERT STEK

Mailing Address of Owner: 744 SCHEMPSIT LAKE ROAD TOLLAND, CN. 06084

Date: _____

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map: _____ Lot: _____

Local Plumbing Inspector Signature: _____ Date Approved: _____

<p>1. <input checked="" type="checkbox"/> First Time System</p> <p>2. <input type="checkbox"/> Replacement System Type Replaced _____ Year Installed _____</p> <p>3. <input type="checkbox"/> Expanded System <input type="checkbox"/> a. one time exempted <input type="checkbox"/> b. non exempted</p> <p>4. <input type="checkbox"/> Experimental System</p> <p>5. <input type="checkbox"/> Seasonal Conversion</p>	<p>1. <input checked="" type="checkbox"/> No Rule Variance</p> <p>2. <input type="checkbox"/> First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p>3. <input type="checkbox"/> Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval</p> <p>4. <input type="checkbox"/> Minimum Lot Size Variance</p> <p>5. <input type="checkbox"/> Seasonal Conversion Approval</p>	<p>1. <input checked="" type="checkbox"/> Non-Engineered System</p> <p>2. <input type="checkbox"/> Primitive System (graywater & dft toilet)</p> <p>3. <input type="checkbox"/> Alternative Toilet _____</p> <p>4. <input type="checkbox"/> Non-Engineered Treatment Tank</p> <p>5. <input type="checkbox"/> Holding Tank _____ Gallons</p> <p>6. <input type="checkbox"/> Non-Engineered Disposal Area (only)</p> <p>7. <input type="checkbox"/> Separated Laundry System</p> <p>8. <input type="checkbox"/> Engineered System (>2000 gpd)</p> <p>9. <input type="checkbox"/> Engineered Treatment Tank (only)</p> <p>10. <input type="checkbox"/> Engineered Disposal Area (only)</p> <p>11.0 Pretreatment</p>
<p>SIZE OF PROPERTY</p> <p><u>98, 290 S.F. ±</u></p> <p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> Single Family Dwelling Unit</p> <p>2. <input type="checkbox"/> Multiple Family Dwelling Number of Units _____</p> <p>3. <input type="checkbox"/> Other _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>PUBLIC WATER</u></p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile (IF NECESSARY)</p> <p>2. <input type="checkbox"/> Plastic</p> <p>3. <input type="checkbox"/> Other _____</p> <p>SIZE: <u>1000</u> Gallons</p>	<p>DISPOSAL AREA TYPE / SIZE</p> <p>1. <input type="checkbox"/> Bed _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> Proprietary Device <u>1050</u> Sq. Ft. <input type="checkbox"/> Cluster <input checked="" type="checkbox"/> Linear <input checked="" type="checkbox"/> Regular <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> Trench</p> <p>4. <input type="checkbox"/> Other _____</p> <p><u>21 PLASTIC CHAMBERS</u></p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> Multi-compartment tank <input type="checkbox"/> Tank in series <input type="checkbox"/> Increase in tank capacity <input type="checkbox"/> Filter on tank outlet</p>	<p>CRITERIA USED FOR DESIGN FLOW (Show Calculations)</p> <p><u>SINGLE FAMILY DWELLING (3 BED ROOM)</u></p> <p>DESIGN FLOW: <u>270</u> (Gallons/Day)</p>
<p>PROFILE & DESIGN CLASS</p> <p>PROFILE: <u>2</u> DESIGN: <u>A/C</u></p> <p>DEPTH TO MOST LIMITING FACTOR: <u>15-24"</u></p>	<p>DISPOSAL AREA SIZING</p> <p>1. <input type="checkbox"/> Small - 2.00</p> <p>2. <input type="checkbox"/> Medium - 2.60</p> <p>3. <input checked="" type="checkbox"/> Medium-Large - 3.30</p> <p>4. <input type="checkbox"/> Large - 4.10</p> <p>5. <input type="checkbox"/> Extra-Large - 5.20</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> Not required</p> <p>2. <input checked="" type="checkbox"/> May be required</p> <p>3. <input type="checkbox"/> Required</p> <p>DOSE _____ Gallons</p>	

SITE EVALUATOR'S STATEMENT

On 5/26/98 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Albert Frick Site Evaluator Signature 163 SE 7/24/98 Date

ALBERT FRICK ASSOC., INC. Site Evaluator Name Printed 839-5563 Telephone

Page 1 of 3
HHE-200 Rev. 7/97

This has permitted!

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering
(207) 287-5872 FAX (207) 287-4172

Town, City, Plantation
PORTLAND (PEAKS ISLAND)

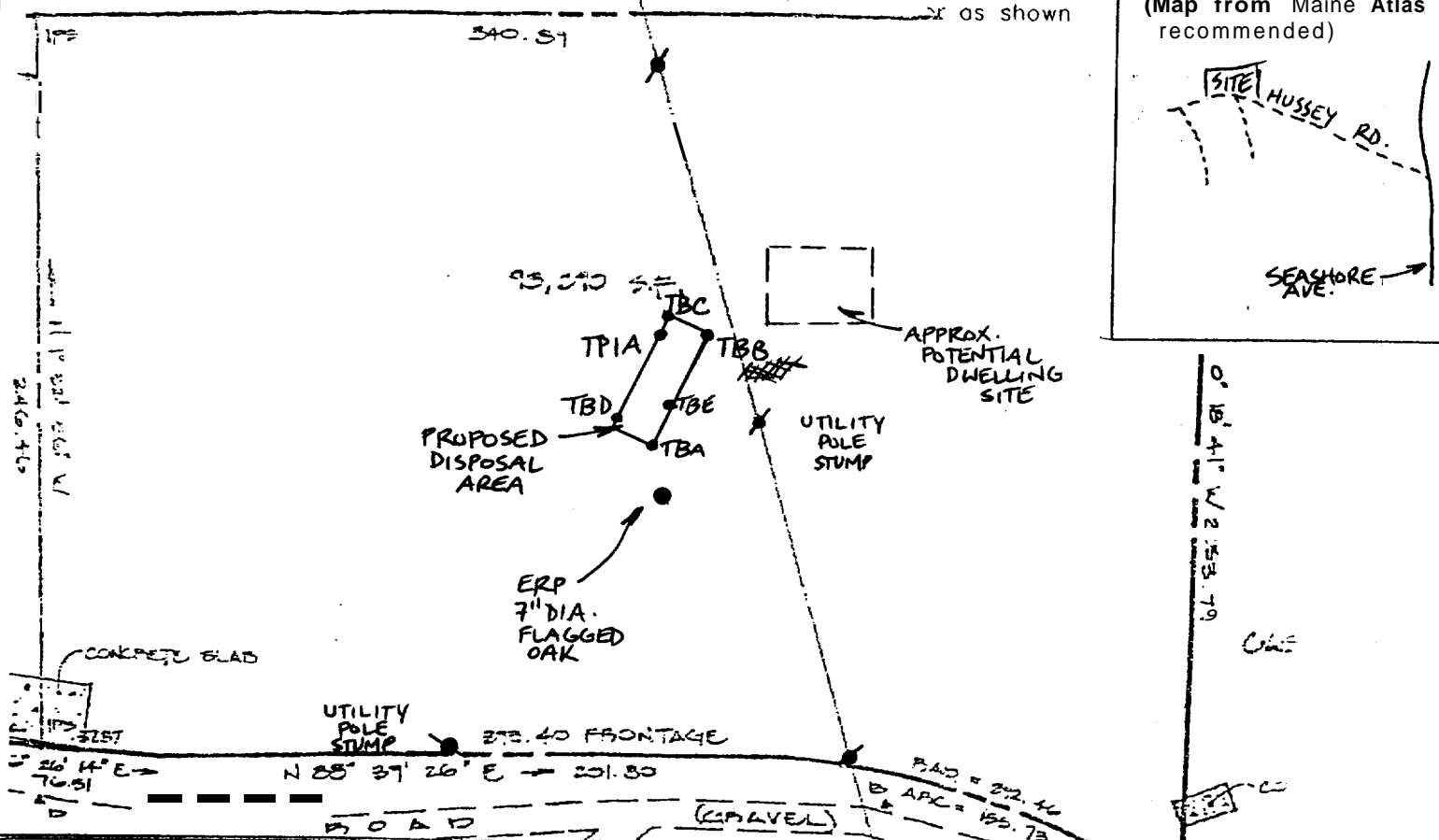
Street, Road Subdivision
HUSSEY ROAD

Owner's Name
N/F CROWLEY (ROBERT STEK)

SITE PLAN

Scale 1" = 60 ± Ft.
as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TPIA Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Observation Hole TBA-E Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	CHANNERY		DARK BROWN	
10	SANDY LOAM	FRIABLE	YELLOWISH BROWN	
20				FEW FAINT
20	BEDROCK			
30				
40				
50				

DEPTH BELOW MINERAL SURFACE inches	Texture	Consistency	Color	Mottling
0				
10				
20	TBA = 26" TO BEDROCK			
20	TBB = 17" TO BEDROCK			
20	TBC = 15" TO BEDROCK			
20	TBD = 20" TO BEDROCK			
20	TBE = 20" TO BEDROCK			
30				
40				
50				

Soil Classification **2 A/C** Slope _____ %
Profile Condition
Limiting Factor **26"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification _____ Slope _____ %
Profile Condition
Limiting Factor **15"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
Site Evaluator Signature

163
SE

7/24/98
Date

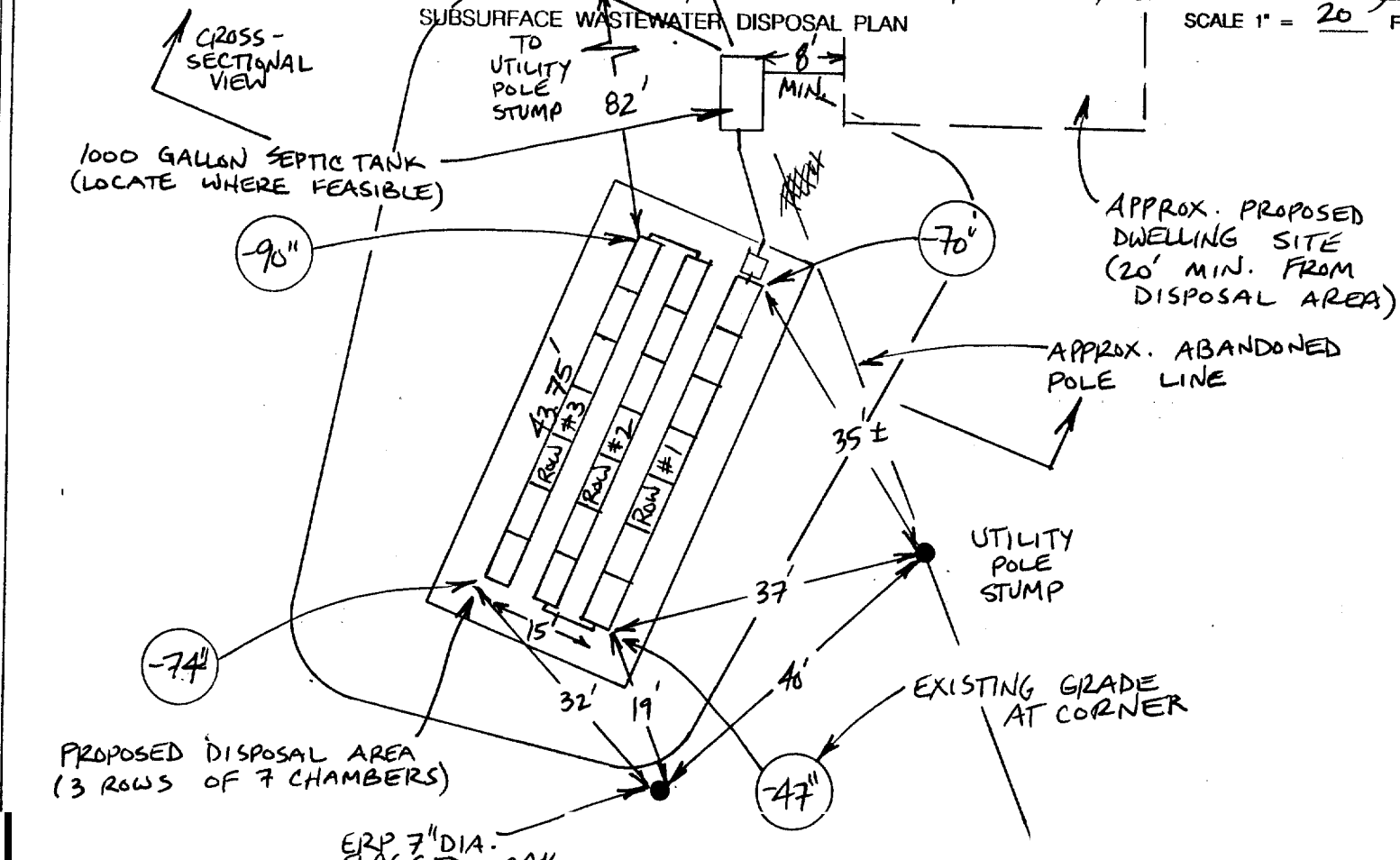
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: **PORTLAND (PEAKS ISLAND)**
 Street, Road, Subdivision: **HUSSEY ROAD**
 Owner's Name: **N/F CROWLEY (ROBERT STEK)**

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) **27" - 50"**
 Depth of Fill (Downslope) **38" - 54"**

CONSTRUCTION ELEVATIONS

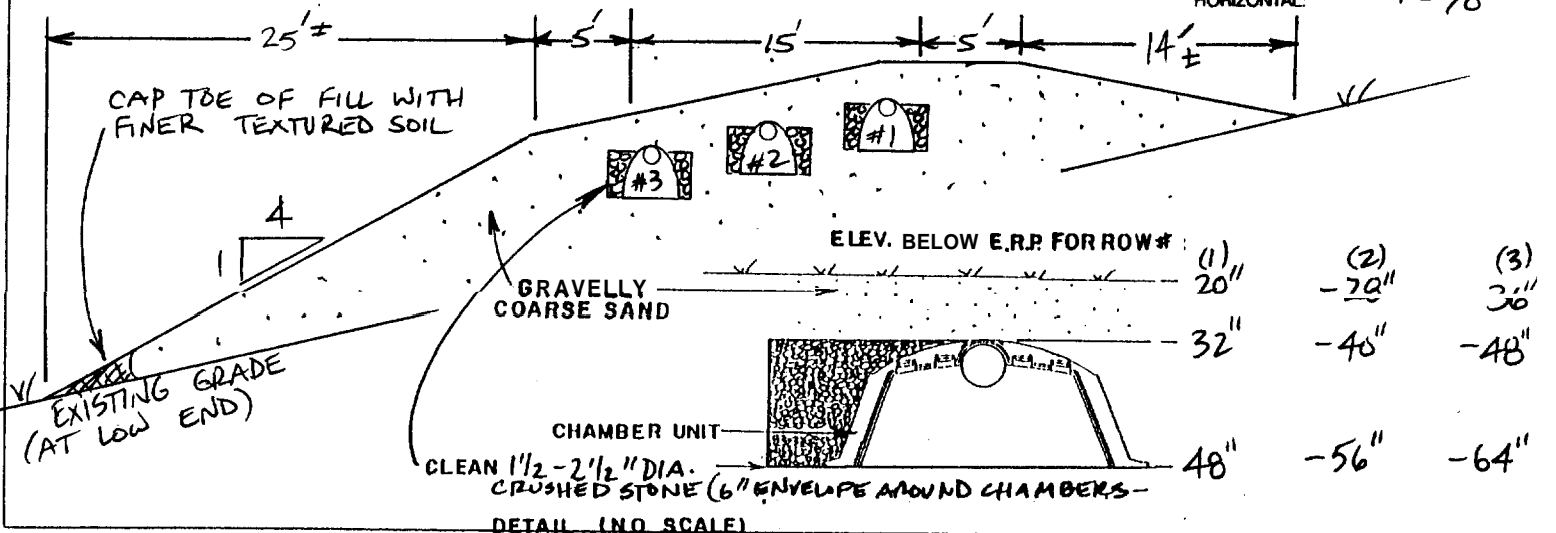
Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

ELEVATION REFERENCE POINT

SEE DETAIL BELOW
 Location & Description: **NAIL 42" ABOVE BASE OF 7" DIA. FLAGGED OAK**
 Reference Elevation: **00"**

DISPOSAL AREA CROSS SECTION

SCALE:
 VERTICAL: 1" = 5'
 HORIZONTAL: 1" = 10'



Albert Frisch
 Site Evaluator Signature

163
 SE

7/29/98
 Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04035

(207)839-5563

PORTLAND (PEAKS ISLAND) HUSSEY ROAD ROBERT STEK
TOWN LOCATION APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to **22 M.R.S.A. § 42** (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. **839-5563**, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISLAND) HUSSEY ROAD ROBERT STEK
TOWN LOCATION APPLICANT'S NAME

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48 cu.ft. (gallons per cu.ft.) + # of days in period).
- 8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: [REDACTED], the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators
95A County Road - Carham, Maine 04036
(207) 839-5563

ELECTRICAL PERMIT

City of Portland, Me.



S/F

Date 1/18/01
 Permit # 2002 4059
 CBL# 009-ED07

To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

LOCATION: HUSSEV ROAD METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER SECK
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector		.20
FIXTURES	Incandescent	Fluorescent	Strips		.20
SERVICES	Overhead	Underground	TTL AMPS	<800	15.00
	Overhead	Underground		>800	25.00
Temporary Service	Overhead	Underground	TTL AMPS		25.00
					25.00
METERS	(number of)				1.00
MOTORS	(number of)				2.00
RESID/COM	Electric units				1.00
HEATING	oil/gas units	Interior	Exterior		5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens		2.00
	Insta-Hot	Water heaters	Fans		2.00
	Dryers	Disposals	Dishwasher		2.00
	Compactors	Spa	Washing Machine		2.00
MISC. (number of)	Others (denote)				2.00
	Air Cond/win				3.00
	Air Cond/cent		EMS	Pools	10.00
	HVAC			Thermostat	5.00
	Signs				10.00
	Alarms/res				5.00
	Alarms/com				15.00
	Heavy Duty(CRKT)				2.00
	Circus/Carnv				25.00
	Alterations				5.00
	Fire Repairs				15.00
	E Lights				1.00
E Generators				20.00	
PANELS	Service	Remote	Main		4.00
TRANSFORMER	0-25 Kva				5.00
	25-200 Kva				8.00
	Over 200 Kva				10.00
				TOTAL AMOUNT DUE	
MINIMUM FEE/COMMERCIAL 45.00				MINIMUM FEE	35.00

25-

35-

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME PAUL G & AUDOIN MASTER LIC. # M560016935
 ADDRESS 41 ROCKY HILL ROAD SACO ME LIMITED LIC. # _____
 TELEPHONE LO? - 244-6122

SIGNATURE OF CONTRACTOR Paul G. Beaudoin

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2002-8279

PROPERTY ADDRESS

Town or Plantation	Port 1. to d
Street Subdivision Lot #	Massy Road

PORTLAND

Date Permit Issued: 7/26/02

8162

TOWN COPY

If Double Fee Charged

PROPERTY OWNERS NAME

Last: Stek First: Rob + Bonnie

Applicant Name: CARY TURNER

Mailing Address of Owner/Applicant (If Different): 467 Girdly Rd Ext. Cumberland Cr. Me 04021

Local Plumbing Inspector Signature: Mulund Wj L.P.I. # 1608

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 of Owner/Applicant: [Signature] Date: 7/26/02

Caution: Inspection Required

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

089 E 007

Signature of Owner/Applicant

Date

Local Plumbing Inspector 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. C MFG'D. HOUSING DEALER/MECHANIC
 - 4. PUBLIC UTILITY EMPLOYEE
 - 5. PROPERTY OWNER
- LICENSE# 1024911

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.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	2	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
		1,0	Fixtures (Subtotal) Column 2	
		11	Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	