

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

091-11-003

## PROPERTY ADDRESS

Town Or Plantation: City of Portland  
Street Subdivision Lot #: Reed St. Peaks Island

## PROPERTY OWNERS NAME

Last: McIsaac First: Steve  
Applicant Name: Salsky & Son's Plg & Htg Inc.  
Mailing Address of Owner/Applicant (If Different): P.O. Box 242 Cape Elizabeth Br. Cape Elizabeth Maine 04107

PORTLAND  
Date Permit Issued: June 2, 1998  
Local Plumbing Inspector Signature: [Signature]  
L.P.I. # 6499  
TOWN COPY  
FEE: 410.00  
Double Fee Charged: ☐

## 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: 6.02

## 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: 6/3/98

## PERMIT INFORMATION

<b>This Application is for</b>  1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b>  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 _____	<b>Plumbing To Be Installed By:</b>  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>023091</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Type of Fixture	Column 1 Number	Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b> TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		9	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			10	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
		\$	Hook-Up & Relocation Fee	
		\$	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE