

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: 96 FALMOUTH ST.  
 Last: VMV. SOUTHERN MAINE First: BLO G  
 Applicant Name: SOUTHERN MAINE PLUMBING & HEATING  
 Mailing Address of Owner/Applicant (If Different): 160 PRESUMPSCOT ST. PORTLAND, ME 04103

PORTLAND PERMIT # 8737 STATE COPY  
 Date Permit Issued: 1/12/04 \$ 1400  Double Fee FEE Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 06411

**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: 1/12/04

**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: \_\_\_\_\_

<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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>COMM</u>	<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>02288</u>
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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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0, 1	Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	0, 1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	0 0	Fixtures (Subtotal) Column 2	0 2	Total Fixtures
			0 0	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Permit Fee (Total)
			24	

# 10638

STATE COPY

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