

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

116-C-019

2002 8374

PORTLAND Date Permit Issued:	11 20 02	PERMIT # 8270	STATE COPY	1 24 02	\$	1 24 02	# Double Fee Charged
Local Plumbing Inspector Signature: <u>Rolf Casparius</u>						L.P.I. #	01732

Town or Plantation	Portland
Street Subdivision Lot #	44 Pitt St
Last: <u>Hart</u>	First: <u>Robert</u>
Applicant Name:	Rolf Casparius Rudi He Plumber
Mailing Address of Owner/Applicant (If Different)	123 Forest Ave Portland ME 04103

### 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: Rolf Casparius Date: 11/20/02

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

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 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 _____ <u>ROLF CASPARIUS</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>06694</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
<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.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input checked="" type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> Fixtures (Subtotal) Column 2
		<input checked="" type="checkbox"/> Total Fixtures
		<input type="checkbox"/> Fixture Fee
		<input checked="" type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Piping Fee
		<input type="checkbox"/> Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE