

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	335 Brighton Ave

## PROPERTY OWNERS NAME

Last: New England Rehabilitation Hospital First: \_\_\_\_\_

Applicant Name:	Titan Mechanical, Inc.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 3927 Portland, ME 04104

## 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]*

Signature of Owner/Applicant

5/14/09  
Date

2009-8086

PORTLAND Date Permit Issued: 5/15/09	PERMIT # 10956 STATE COPY
<i>[Signature]</i> Local Plumbing Inspector Signature	\$ <u>11128</u> <input type="checkbox"/> If Double Fee Charged
	L.P.I. # <u>1101617</u>

121-C-9

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" 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 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>C090010511</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink <b>NEW</b>
		Drinking Fountain	1	Wash Basin <b>RELOCATED</b>
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet) <b>RELOCATED</b>
		Water Treatment Softener, Filter, etc.		Clothes Washer
OR		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
Total Fixtures				
Fixture Fee				
Transfer Fee				
Hook-Up & Relocation Fee				
Permit Fee (Total)				