

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

| | |
|--|---|
| Town or Plantation: | Portland |
| Street Subdivision Lot #: | 34 Alba |
| PROPERTY OWNERS NAME | |
| Last: | Galvin |
| First: | David |
| Applicant Name: | Bill Jones |
| Mailing Address of Owner/Applicant (if Different): | PO Box 2391 South Portland, Me 04106 |

2009-8100

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|--|--|
| PORTLAND | PERMIT # 10971 TOWN COPY |
| Date Permit Issued: 6/5/09 | \$ 1117.72 <input type="checkbox"/> Double Fee Charged |
| <i>[Signature]</i> Local Plumbing Inspector Signature | L.P.I. # 10615 |

133-C-18

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

6/5/09
Date

Caution: Inspection Required

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

[Signature]
Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

| | | |
|---|--|---|
| This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 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 _____ | Plumbing To Be Installed By: 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 # MS24117 |
|---|--|---|

| 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 | 1 | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| OR | | Urinal | 1 | Sink |
| | | Drinking Fountain | 3 | Wash Basin |
| HOOK-UP: to an existing subsurface wastewater disposal system. | | Indirect Waste | 3 | Water Closet (Toilet) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | 1 | Dish Washer |
| OR | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| TRANSFER FEE [\$6.00] | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 11 | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | 10 | Fixtures (Subtotal) Column 2 |
| | | | 11 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |