

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	45 AUSTIN ST

PROPERTY OWNERS NAME

Last: Cheever	First: Will
Applicant Name:	DAN BURKE
Mailing Address of Owner/Applicant (If Different)	16 PARSONAGE RD NORTH YARMOUTH 04021

07-8074

PORTLAND	PERMIT # 10217	TOWN COPY
Date Permit Issued: 13/13/07	\$ 1641.00	<input type="checkbox"/> Double Fee Charged
Jeanie Bourke Local Plumbing Inspector Signature	L.P.I. # 0732	

139 B 019

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.

Jeanie Bourke 3/8/07
Signature of Owner/Applicant Date

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

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 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 # <u>2533</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR TRANSFER FEE [\$6.00]		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
	Fixtures (Subtotal) Column 2		8	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			8	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE