

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street subdivision Lot #	95 Cance Rd.

PROPERTY OWNERS NAME

Last: EVANS First: JULIA

Applicant Name: Bernard Thibodeau

Mailing Address of Owner/Applicant (If Different)

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

Date

PORTLAND PERMIT # 9555 TOWN COPY

Date Permit Issued: 9/16/05 \$ _____ # Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640

141 F19

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

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE,</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>L 02091</u></p>
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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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Silcock	<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
OR <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 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
		Total Fixtures
		<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
		<input type="checkbox"/> Permit Fee (Total)

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
SEP 16 2005
RECEIVED

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE
 30 + 10 + 1/10 = 40

11/1/05

Pressure Test on H₂O & Drain Lines
OK to Close JWB

Caution: Permit Required

Working shall not be initiated until a permit is obtained from the local plumbing inspector. The permit shall authorize the plumber or plumber-in-training to perform the plumbing work in accordance with the applicable code and the applicable rules.

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PROPERTY OWNER'S NAME

Owner's Consent Statement

PERMIT INFORMATION

This Application is for: 1. NEWLY BUILT 2. RECONSTRUCTION 3. RENEWAL 4. OTHER - SPECIFY _____	Type of Structure To Be Served: 1. SINGLE FAMILY DWELLING 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY _____	Plumbing To Be Installed by: 1. MASTER PLUMBER 2. OIL BURNER 3. MRGD HOUSE DEALER/MECHANIC 4. PUBLIC UTILTY EMPLOYEE 5. PROPERTY OWNER 6. LICENSE # _____
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Section 1 Type of Fixture	Section 2 Type of Fixture	Section 3 Type of Fixture
Refrigerator (Refrigerator)	Refrigerator (Refrigerator)	Refrigerator (Refrigerator)
Shower (Shower)	Floor Drain	Floor Drain
Sink	Urinal	Urinal
Wash Basin	Drinking Fountain	Drinking Fountain
Water Closet (Toilet)	Indirect Waste	Indirect Waste
Clothes Washer	Water Treatment System	Water Treatment System
Dish Washer	Grease (Oil) Collector	Grease (Oil) Collector
Waste Disposal	Dental Equipment	Dental Equipment
Laundry Tub	Chimney	Chimney
Water Heater	Chimney	Chimney
Water Heater	Chimney (Chimney)	Chimney (Chimney)

If DISBURSING to public sewer in those areas where the collection system is not installed and inspected by the local sanitary district, the local sanitary district.

OR

DISBURSING to an existing subsurface sewerage disposal system.

TRADING RELATIONSHIP in any way with any and all public utility companies.

OR

TRANSFER FEE: 100.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

11/1/05

