

# PLUMBING APPLICATION

Department of Health and Human Services  
Bureau of Environmental Health

## PROPERTY ADDRESS

Town or Municipality	Portland
Street Subdivision Lot #	117 Wellington Rd
PROPERTY OWNERS NAME	
Gravoway Enterprises LLC	
Last Name	Gravoway
Applicant Name:	Michael Gravoway Jr
Mailing Address of Owner/Applicant (if different):	Wallace C. Gravoway Jr 9 Whites Bridge Rd. Standish, ME 04084

2010-8247

PORTLAND PERMIT # 11405 TOWN COPY

DATE ISSUED: 8/13/10

DATE EXPIRES: 11/12/11

LOCAL PLUMBING INSPECTOR SIGNATURE: [Signature]

141-D-4

## 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 Authority to deny a Permit.

Signature of Owner/Applicant: Michael Gravoway Jr 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

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>HOO-K-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">OR</p> <p><b>HOO-K-UP:</b> to an existing subsurface wastewater disposal system.</p>	1	Hosebib / Sillcock	1	Bathub (and Shower)
	1	Floor Drain	1	Shower (Separate)
<p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">OR</p> <p>TRANSFER FEE (\$6.00)</p>	1	Urinal	1	Sink
	1	Drinking Fountain	1	Wash Basin
	1	Indirect Waste	1	Water Closet (Toilet)
	1	Water Treatment Softener, filter, etc.	1	Clothes Washer
	1	Grease / Oil separator	1	Dish Washer
	1	Rug Drain	1	Garbage Disposal
	1	Pedestal	1	Laundry Tub
	1	Other _____	1	Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

9-7-10

OK to close out new sprayline and  
floor drain except by DPW to put into sewer  
NED