

# PLUMBING APPLICATION

*CLOSED SMK*

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: **PORTLAND**  
 Street Subdivision/Lot #: **103 READ ST**  
 PROPERTY OWNERS NAME:  
**SARGENT JOHN P.**  
 Last First  
 Applicant Name:  
 Mailing Address of Owner/Applicant (If Different):

*New permit pulled for new work*  
**2009 8139**  
 PORTLAND PERMIT # 11009 TOWN COPY  
 Date Permit Issued: **7/31/09** \$ **4121.00**  If Double Fee Charged  
 Local Plumbing Inspector Signature: *Joanne Burke* L.P.I. # **0732**  
**141 5014**

## 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

*John P. Sargent* **7-21-09**  
 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

|   |  |   |
|---|--|---|
| <b>This Application is for</b><br>1. <input type="checkbox"/> NEW PLUMBING<br>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING | <b>Type of Structure To Be Served:</b><br>1. <input type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER - SPECIFY _____<br><i>* SEE NOTE ON NV 7-21-09.</i> | <b>Plumbing To Be Installed By:</b><br>1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <b>1526</b> |
|---|--|---|

1105141

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Number   | Column 2<br>Type of Fixture            | Number | Column 1<br>Type of Fixture     |
|--|----------|--|--------|---------------------------------|
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.<br><br><b>OR</b><br><br>HOOK-UP: to an existing subsurface wastewater disposal system. |          | Hosebib / Sillcock                     |        | Bathtub (and Shower)            |
|  |          | Floor Drain                            |        | Shower (Separate)               |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.   |          | Urinal                                 |        | Sink                            |
|  |          | Drinking Fountain                      |        | Wash Basin                      |
| <b>OR</b><br><br>TRANSFER FEE<br>[\$6.00]  |          | Indirect Waste                         |        | Water Closet (Toilet)           |
|  |          | Water Treatment Softener, Filter, etc. |        | Clothes Washer                  |
|  |          | Grease / Oil Separator                 |        | Dish Washer                     |
|  |          | Roof Drain                             |        | Garbage Disposal                |
|  |          | Bidet                                  |        | Laundry Tub                     |
|  | <b>6</b> | Other: <b>CAPS</b>                     |        | Water Heater                    |
|  |          | Fixtures (Subtotal)<br>Column 2        |        | Fixtures (Subtotal)<br>Column 1 |
|  |          |  |        | Fixtures (Subtotal)<br>Column 2 |
|  |          |  |        | <b>Total Fixtures</b>           |
|  |          |  |        | Fixture Fee                     |
|  |          |  |        | Transfer Fee                    |
|  |          |  |        | Hook-Up & Relocation Fee        |
|  |          |  |        | <b>Permit Fee (Total)</b>       |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

*42 42*