

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Port Me.

Street Subdivision Lot #: 1139 Forest Ave

PROPERTY OWNERS NAME

Last: Chalige Properties First: Chalige

Applicant Name: Tom Carland

Mailing Address of Owner/Applicant (if Different): 21 Cummings Way, Falmouth Me. 04105

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: [Signature] Date: _____

201503119 **PORTLAND**

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

[Signature] \$360

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><u>2 new sinks</u></p>	<p>Type of Structure To Be Served:</p> <p>1 <input 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 checked="" 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>LS986</u></p>
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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
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p align="center">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebib / Silcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Urinal	<u>2</u>	Sink
		Drinking Fountain		Wash Basin
<p>OR</p> <p>TRANSFER FEE (\$6.00)</p>		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>2</u>	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

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Dept. of Building Inspections
City of Portland Maine

PERMIT FEE SCHEDULE OR CALCULATING FEE

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