

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

#4

Town or Plantation	
Street Subdivision Lot #	125 Woodlawn Ave.
Last: <i>Van Brocklin</i> First: <i>Curtis</i>	
Applicant Name:	<i>Curtis Van Brocklin</i>
Mailing Address of Owner/Applicant (If Different)	

PORTLAND PERMIT # 8731 STATE COPY  If Double Fee Charged

Date Permit Issued: *1/19/04* \$ *4210.00* FEE

L.P.I. # *360*

Local Plumbing Inspector Signature *[Signature]*

**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]* *1/8/2004*

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 \_\_\_\_\_

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <i>addition</i>	<b>Plumbing To Be Installed By:</b> 1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<del>1</del>	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	1	Fixtures (Subtotal) Column 2	5	
			1	Total Fixtures
				Permit Fee (Total)

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

SEE PERMIT FEE SCHEDULE FOR CALCULATION

RECEIVED

*check 101*

*42*  
*10*  
*52* - *42*

STATE COPY