

# PLUMBING APPLICATION

**PROPERTY ADDRESS**

Town or Plantation: Portland  
Street: Unit 20 Rockingham  
Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: NIAL Const. First: \_\_\_\_\_

Applicant Name: Scott Petts

Mailing Address of Owner/Applicant (If Different): P.O. Box 544 Westbrook, ME 04098

2009-8069

DATE AND PERMIT # W790 STATE # \_\_\_\_\_

Date Permit Issued: 12 27 09 \$ \_\_\_\_\_  Double Fee Charged

[Signature]  
Local Plumbing Inspector Signature

L.P.I. # 0999

153 A 025

**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 Inspector to deny a Permit.

[Signature] 2/28/10  
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

<p><b>This Application is for</b></p> <p>1. <input checked="" 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 # <u>07854</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><b>HOOK-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: 24px; font-weight: bold;">OR</p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">OR</p> <p>TRANSFER FEE [\$6.00]</p>	2	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	12	
			2	Fixtures (Subtotal) Column 1
			14	<b>Total Fixtures</b>
				Fixtures Fee
				Transfer Fee
			90	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

90

100

190

90