

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

168-D-016

Town or Plantation: **Portland**  
Street Subdivision Lot #: **28 Inverness Street**

Last: **Goodwin** First: **Jennifer**

Applicant Name: **Caron & Waltz**

Mailing Address of Owner/Applicant (If Different): **P.O. Box 2400 So. Portland, ME 04116-2400**

PORTLAND Date Permit issued: **7/18/01** 7773 TOWN COPY \$ **124.00**  If Double Fee Charged  
Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # **0124**

### 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: Walter A. Walker Date: 7-12-01

### 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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" 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 type="checkbox"/> PROPERTY OWNER LICENSE # <u>01526</u>
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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
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		1
<b>OR</b> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	1	
			0	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24	Permit Fee (Total)