

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

**PROPERTY ADDRESS**

Town or Plantation: 33 Providence St  
Street Subdivision Lot #: 33 Providence Street

**PROPERTY OWNERS NAME**

Last: Plourde First: Mark

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 29 Providence St  
Portland, ME 04113

20048009

PERMIT # 5757 STATE COPY

Date Permit Issued: 12-13-04 \$ 2141014 FEE Charged  If Double Fee Charged

Local Plumbing Inspector Signature: *Jaime Brute* L.P.I. # 0171212

169 A033

### 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

Date: 2-3-04

### 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

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # \_\_\_\_\_

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Column 2<br>Type of Fixture |  | Column 1<br>Type of Fixture |                                 |
|--|-----------------------------|--|-----------------------------|---------------------------------|
|  | Number                      | Type of Fixture                        | Number                      | Type of Fixture                 |
| <b>HOOK-UP:</b> 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><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system. |                             | Hosebibb / Sillcock                    |                             | Bathtub (and Shower)            |
|  |                             | Floor Drain                            |                             | Shower (Separate)               |
| <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.  | 1                           | Urinal                                 | 1                           | Sink                            |
|  |                             | Drinking Fountain                      |                             | Wash Basin                      |
| <b>OR</b><br><b>TRANSFER FEE</b><br>[\$6.00]   |                             | 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: _____                           |                             | Water Heater                    |
|  |                             | Fixtures (Subtotal)<br>Column 2        | 2                           | Fixtures (Subtotal)<br>Column 1 |
|  |                             |  |                             | Fixtures (Subtotal)<br>Column 2 |
|  |                             |  |                             | <b>Total Fixtures</b>           |
|  |                             |  |                             | Fixture Fee                     |
|  |                             |  |                             | Transfer Fee                    |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24 ✓