

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

170-B-007

2  
TM/KC

## PROPERTY ADDRESS

Town Or Plantation: PORTLAND  
Street Subdivision Lot #: 900 WASHINGTON AVE

## PROPERTY OWNERS NAME

Last: EMPIRE DEV First:  
Applicant Name: UNION OIL CO  
Mailing Address of Owner/Applicant (If Different): P.O. Box 315 BIDDIFORD 04305

BDG w/2 units

PORTLAND Date Permit Issued: 3 9 99 6794 TOWN COPY - \$ 80  Double Fee Charged FEE

Local Plumbing Inspector Signature: [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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 3/9/99

## 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: [Signature] Date Approved: 03/07/99

## PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	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>15769</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.	<u>0.2</u>	Hosebib / Sillcock	<u>0.2</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>0.2</u>	Sink
		Drinking Fountain	<u>0.4</u>	Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste	<u>0.4</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>0.2</u>	Clothes Washer
		Grease / Oil Separator	<u>0.2</u>	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>0.2</u>	Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	<u>1.8</u>	<b>Fixtures (Subtotal) Column 1</b>
			<u>0.2</u>	<b>Fixtures (Subtotal) Column 2</b>
			<u>2.0</u>	<b>Total Fixtures</b>
			\$	<b>Fixture Fee</b>
			\$	<b>Transfer Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ <u>80.</u>	<b>Permit Fee (Total)</b>

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**