

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	6794	TOWN COPY
Date Permit Issued: <u>3 9 99</u>	\$ <u>80</u>	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <u>[Signature]</u>		L.P.I. # <u>0124</u>

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>5769</u>

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE