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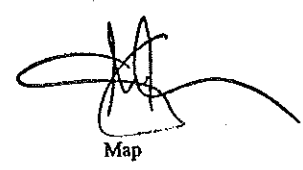
11986

Department of Health and Human Services
Division of Environmental Health

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with the application and the Maine Plumbing rules.

2012 094954



360

Map

Lot

170 B 012

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 of Approval

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation **PORTLAND**
Street or Subdivision Lot # **876 WASHINGTON AVE**

PROPERTY OWNER(S) NAME

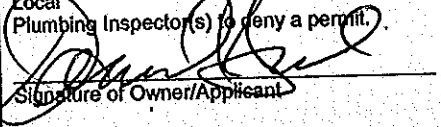
Last: **LOVETT** First: **MEGAN**

Applicant Name: **DAN BURKE**

Mailing Address of Owner/Applicant (if Different) **16 PARSONAGE RD NORTH YARMOUTH 04097**

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(s) to deny a permit.


Signature of Owner/Applicant

12/12
Date

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING

2. RELOCATED PLUMBING

RECEIVED

SEP 13 2012

Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE

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 # **21533** | | | | | | | | | |

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer by 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.

Column 2 Number Type of Fixture

Hosebib / Silcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, Etc.

Grease / Oil Separator

Roof Drain

Bidet

Other: _____

Fixtures (Subtotal) Column 2

Column 1 Number Type of Fixture

1 Bath tub (and Shower)

Shower (separate)

Sink

2 Wash Basin

2 Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal) Column 1

Fixtures (Subtotal) Column 2

OR

TRANSFER FEE (\$6.00)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

6 TOTAL FIXTURES

Fixtures Fee

Transfer Fee

Hook-Up & Relocation Fee

70 PERMIT FEE (TOTAL)

Owner Town Copy State Copy